

**Colorado Birth – Five Vision Screening Protocol**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Screening: \_\_\_\_\_ Child's Age at Screening \_\_\_\_\_

School District / BOCES: \_\_\_\_\_

Evaluator \_\_\_\_\_ Site of Screening \_\_\_\_\_

***Appearance of Eyes and Eyelids***

**Pass:** Eyes appear symmetrical, aligned, and without evidence of problems.

**Fail:** Concern Areas

Right Eye	Left Eye	<b>All are grounds for referral:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Eye(s) unusually red or irritated.
<input type="checkbox"/>	<input type="checkbox"/>	Eye(s) unusually teary.
<input type="checkbox"/>	<input type="checkbox"/>	Eye(s) are cloudy in appearance.
<input type="checkbox"/>	<input type="checkbox"/>	Eyes not aligned (eye turns in, eye turns out, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Eyes have involuntary jerky movements
<input type="checkbox"/>	<input type="checkbox"/>	Eyes do not appear to move together,
<input type="checkbox"/>	<input type="checkbox"/>	Eyelid(s) is drooping.

Other concerns \_\_\_\_\_

***Pupillary Response (present from birth):***

<b>Right eye:</b>	<input type="checkbox"/>	<b>Pass: brisk</b>	<input type="checkbox"/>	<b>Fail: absent / sluggish</b>
<b>Left eye</b>	<input type="checkbox"/>	<b>Pass: brisk</b>	<input type="checkbox"/>	<b>Fail: absent / sluggish</b>

***Muscle Balance (slight muscle imbalance is typically okay before 6 months of age):***

*Alternate Cover Test*

<b>Right eye:</b>	<input type="checkbox"/>	<b>Pass: No Movement</b>	<input type="checkbox"/>	<b>Fail: Obvious Movement</b>
<b>Left eye:</b>	<input type="checkbox"/>	<b>Pass: No Movement</b>	<input type="checkbox"/>	<b>Fail: Obvious Movement</b>

*Corneal Light Reflex Test*

**Pass:** reflection is symmetrical       **Fail:** reflection is not symmetrical

**Near Fixation** (at 8-18 inches)

1-inch object (4 months)       **Pass:** Sustained       **Fail:** Fleeting/ Absent

Fruit Loop™ (6 months)  
or ¼ inch cake decoration pellet       **Pass:** Sustained       **Fail:** Fleeting / Absent

**Tracking** (smooth tracking skills should be evident by 6 months of age)

Horizontal       **Pass:** smooth/together       **Fail:** jerky/segmented

Vertical       **Pass:** smooth/together       **Fail:** jerky/segmented

**Convergence** (ability of eyes to focus on objects at near range):

**Pass:** Both eyes follow to at least 4-6 inches from the nose.

**Fail:** One eye deviates or child looks away where the object is more than 4-6 inches from nose.

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**Visual Acuity**

**Distance Vision**

Right Eye       **Pass** at 20/40 level (3 symbols correctly identified at this level)

**Fail** child cannot correctly identify 3 symbols at the 20/40 level

Left Eye       **Pass** at 20/40 level (3 symbols correctly identified at this level)

**Fail** child cannot correctly identify 3 symbols at the 20/40 level

**Behaviors Suggesting Visual Problems**

**All checked behaviors are merit a referral if accompanied by any other item on the vision screening tool that has not been passed.**

- Rubs eye(s) / presses hands into eye(s) frequently.
- Squints, blinks, closes an eye(s) when looking at something.
- Squints, blinks, closes an eye(s) to changes in lighting.
- Turns or tilts head when looking at something.
- Appears overly interested in gazing at overhead lights.
- Looks away from visual targets, shows gaze aversion.
- Inattentive to a visual target unless it has an accompanying sound cue.

- Takes longer than usual to focus on an object or face.
- Views objects at an unusually close distance from eyes.
- Over or under reaches for an object.

**Screening Outcome:**

- Outcome One:** No problems are observed and there are no concerns of the parent/caregiver or screener. The child passes the screening and should be screened again at the next recommended age.
- Outcome Two:** One or more of the high-risk conditions have been identified, but there are no observable problems with visual performance. On the day of the screening, information may be given to the family and the local service provider about (a) ABCs of visual problems; (b) how to observe visual performance; and (c) resources to contact, if vision problems are observed at a later date. Child should be screened again, if concerns are noted at any time or at the next recommended age.
- Outcome Three:** One or more of the three conditions below have been noted, the child should be scheduled for **(check one)** a second screening \_\_\_\_\_ or a prompt referral \_\_\_\_\_ should be made to a medical specialist (e.g. primary care physician, ophthalmologist, optometrist):
  - (a) The child has an observable eye problem such as excessive tearing, eye deviation, drooping eyelid, cloudiness of the eye, and so on. *(Prompt referral to the next step medical specialist such as a primary care physician or an eye care specialist – depending on family insurance).*
  - (b) The child has observable difficulty with one or more of the indicators on the screening tool. *(Schedule for second screening, if more information is needed to feel comfortable with the results of the vision screening. Refer, if the screening personnel feel that more information than a second screening is needed to determine the child’s visual health status.)*
  - (c) The parent/caregiver/teacher or screener still has questions and the team is unable to determine whether the child is having visual difficulty. Remember: This does not mean that the child cannot be screened. It does mean the screener is responsible for referring the child onto a medical specialist for more in-depth evaluation.

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Signature of Person Conducting Screening

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Date