



## Vision Screening Parent Questionnaire for Children Ages Birth through Five Years

### Information for Analysis and Determination of Results

**BACKGROUND INFORMATION:** Vision screening is designed to determine whether there is a need for a child to receive further evaluation of his or her vision status. Further evaluation is completed by an eye care professional and will determine a need for possible medical treatment to mitigate a correctable vision concern and/or to diagnose a permanent vision loss condition. The latter finding may inform eligibility for early intervention or special education services and supports.

The *Vision Screening Parent Questionnaire for Children Ages Birth through Five Years* was developed as an interim tool during the COVID-19 pandemic when in-person vision screenings could not occur. The questionnaire is still in place even with some administrative units offering hybrid virtual / in-person instruction. Until Colorado special education administrative units (AU) resume regular in-person instruction without physical distancing requirements, it may not be possible to fully complete the spectrum of vision screening activities.

The goal of the questionnaire is to provide the vision screening team with a cursory tool to gather information from caregivers who know their child best. It provides information to guide a decision as to whether there are probable vision concerns that warrant an in-person vision screening when such a process is available from their AU or school district. During the COVID-19 pandemic period, the tool can also be used to determine a need for a referral to an eye care professional. Like other vision screening data collection measures, the questionnaire must not be used as a diagnostic tool.

**RESULTS:** Please note that each item in the questionnaire is important to discern a comprehensive picture of the child's risk for a vision problem or impairment. As such, even just one item selected in the "yes" category will result in a need for further screening and/or medical evaluation.

The questionnaire is not intended to replace an in-person routine vision screening of a young child. During the COVID-19 pandemic, however, the vision screening team should take into consideration if a child is a candidate for an eye care examination when an in-person screening cannot be scheduled in a timely manner. Delaying a referral may be contraindicated for the child's medical health and developmental progress.

Until such a time when in-person vision screening can be offered routinely and with full practice of recommended components by the screening team, this questionnaire should be reviewed as the primary source of vision screening data for children ages birth through 5 years. There are three possible result scenarios, which include:

**Result 1:** There are no noted current concerns about a child’s vision. Efforts should be made to schedule a full in-person vision screening when this option is available.

**Result 2:** There are noted concerns to warrant further evaluation of the child’s vision with a feasible plan for a prompt in-person vision screening. In this scenario, the vision screening team is available to conduct the regular in-person vision screening as soon as possible and no later than a 30-calendar day timeframe from the return and analysis of the questionnaire. In this scenario, the caregiver will need to be comfortable with bringing the child to the in-person vision screening appointment. The family should be offered information about the value of an early eye care examination for their consideration until the full in-person vision screening can be conducted.

**Result 3:** There are noted concerns to warrant further evaluation of the child’s vision through an in-person vision screening, but a regular in-person vision screening cannot be scheduled in a timely manner. In this scenario, the child should be referred promptly to an eye care professional.

#### **GUIDANCE FOR REVIEW AND ANALYSIS OF THE COMPLETED QUESTIONNAIRE**

Each section of the *Vision Screening Questionnaire for Children Ages 0-5* should be reviewed carefully with the family to determine which result category is indicated by the responses. The reviewer’s role is to determine whether the family has noted a possible visual concern(s) that supports an in-person vision screening or a referral to an eye care professional. The reviewer’s role is not to suggest or diagnose a condition based on the responses noted in the questionnaire.

All items in each section of the questionnaire are “red flags” for an early onset vision problem or impairment. If the caregiver has left one or more item blank, the reviewer should talk to the person completing the form to see if this was truly a missed item(s) or if there is a need for more explanation to be comfortable answering the item(s). If something is truly not known, the item should not be completed. If the item is not completed, it should not be included in the analysis of information.

If all items in the questionnaire are checked NO, this would be a Result 1 determination. The family should be advised that the child should receive an in-person vision screening as soon as the option becomes available. The family should be offered information about the value of an early eye examination for their consideration until the in-person vision screening can be conducted

If one or more items in the questionnaire are checked YES in any section and/ or there is an identified parent concern about the child’s vision, this would be a Result 2 or 3. The screening team should work with the family to schedule a regular in-person vision screening as soon as possible. If this cannot be arranged within a 30-day time-frame due to the COVID-19 pandemic, the screening team should work with the family to coordinate a referral to an eye care professional.

Each section will be reviewed for its significance and result determination based on the completed questionnaire.

## **GENERAL HISTORY: HIGH RISK POPULATIONS FOR VISUAL PROBLEMS**

**Background Guidance:** Both family and child-specific history items in this section are included for their possible relationship to a pediatric vision problem(s) or impairment.

		<b>Yes</b>	<b>No</b>
1	Is there a family history of early onset vision loss (e.g., cataracts, albinism, etc.?)	Result 2 or 3	Result 1
2	Is there a family history of eye crossing, color vision problems, and/or needing prescription glasses?	Result 2 or 3	Result 1
3	Was your child exposed to any prenatal infections (e.g. toxoplasmosis, CMV)?	Result 2 or 3	Result 1
4	Did your baby weigh fewer than three pounds at birth?	Result 2 or 3	Result 1
5	Was your child born prematurely?	Result 2 or 3	Result 1
6	Was your child exposed to alcohol or drugs before birth?	Result 2 or 3	Result 1
7	Has your child had meningitis or encephalitis?	Result 2 or 3	Result 1
8	Has your child experienced any form of brain injury / head trauma? (in utero stroke, brain hemorrhage, lack of oxygen, accidental or non-accidental trauma)	Result 2 or 3	Result 1
9	Does your child have any neurological disorders (e.g. seizures, hydrocephaly)?	Result 2 or 3	Result 1
10	Does your child have any difficulties with his or her hearing?	Result 2 or 3	Result 1
11	Has your child been diagnosed with a syndrome (e.g. Down syndrome, CHARGE syndrome, etc.?)	Result 2 or 3	Result 1
12	Has your child been diagnosed as having cerebral palsy?	Result 2 or 3	Result 1

## **The ABCs of Early Vision Problems**

### **APPPEARANCE OF THE EYES / EYELIDS:**

**Background Guidance:** The physical appearance of the eyes in context of the child's face provides important clues as to whether there may be a visual problem and/or impairment. Many, though not all, visual concerns are evident by the appearance of the eyes or eyelids.

A rule of thumb is that "if something does not look right, it should be noted for further evaluation." Our role is to note the family's concern about the appearance of the child's eyes / eyelids, but not name or diagnose a possible condition when "something that does not look right."

		Yes	No
1	One eye looks different than the other eye. For example, one eye is significantly smaller in appearance or one eye is higher on the face than the other eye.	Result 2 or 3	Result 1
2	One or both eyes turn inward or outward. This can happen all the time or only some of the time. <i>Concern is warranted after 6 months of age unless the eye turn is continual prior to this time.</i>	Result 2 or 3	Result 1
3	There is a difference in the black color, size, or shape of the pupils in one or both eyes. The pupil is the dark black center of each eye.	Result 2 or 3	Result 1
4	There is a difference in the size and shape of the iris in one or both eyes. The iris is the colored part of each eye.	Result 2 or 3	Result 1
5	One or both eyes appear white or cloudy.	Result 2 or 3	Result 1
6	Eyes are in involuntary, rapid (dancing/ jiggling up and down or side to side) motion.	Result 2 or 3	Result 1
7	Eye(s) are red and/or excessively matterred (beyond the usual sleep matter when the child first awakens or due to allergies).	Result 2 or 3	Result 1
8	Eyelids are red, swollen, and/or are encrusted.	Result 2 or 3	Result 1
9	An eyelid(s) is drooping or appears lower than the other.	Result 2 or 3	Result 1

## **B**EHAVIOR:

**Review Guidance:** We can learn a lot about a young child's vision by paying attention to how he or she uses visual skills during daily routines. The caregiver's report of observed visual behaviors will provide insight on possible vision challenges.

Does your child ....		Yes	No
1	Consistently NOT make eye contact with familiar people (after two months of age).	Result 2 or 3	Result 1
2	Cover or close an eye when looking at someone or something within close range (two feet or closer).	Result 2 or 3	Result 1
3	Frown or squint an eye when looking at something far away (two feet or further).	Result 2 or 3	Result 1
4	Tilt / turn head to the side, lift /lower chin, and/or thrust head forward or backward when looking at something at near or far range. <i>Circle which behavior occurs.</i>	Result 2 or 3	Result 1
5	Close eyes or turns face away when listening to others talk.	Result 2 or 3	Result 1
6	Does not smile in response to another person's smile.	Result 2 or 3	Result 1
7	Hold an object very close to his or her eyes when looking at it.	Result 2 or 3	Result 1

8	Stare at lights sources (overhead lights or windows) for a long period of time.	Result 2 or 3	Result 1
9	Prefer certain colors; chooses items with these colors over items with other colors. (e.g., seems to look more intently at objects that are red.)	Result 2 or 3	Result 1
10	Recognize familiar people only <u>after</u> they speak.	Result 2 or 3	Result 1
11	Notice people, pets, or objects only when they are moving	Result 2 or 3	Result 1
12	Seem to have inconsistent visual abilities (e.g. seems to change from morning to night or from day to day or between activities).	Result 2 or 3	Result 1
13	Miss objects he or she is simultaneously looking at and reaching for (e.g. require multiple attempts to get the item).	Result 2 or 3	Result 1
14	Look away when reaching toward a nearby object.	Result 2 or 3	Result 1
15	Stumble frequently over objects that are in his or her path or bump into walls.	Result 2 or 3	Result 1
16	Have difficulties detecting a change in floor surface, such as from tile to carpet. Hesitate or miss detecting step or a curb.	Result 2 or 3	Result 1
17	Have trouble seeing small objects, such as a small piece of cereal left on tray / table.	Result 2 or 3	Result 1
18	Lose interest quickly in games, projects or activities that require using his or her eyes for an extended period of time.	Result 2 or 3	Result 1
19	Avoid looking at books, drawing, playing games or doing other projects that require focusing up close.	Result 2 or 3	Result 1

## COMPLAINTS:

**Review Guidance** A young child will not usually “complain” about visual difficulties but may show, through behavior, that something is not right with his or her vision.

Does your child ....		Yes	No
1	Appear to be overly sensitive to bright indoor lights or the sunlight. Squint excessively, put a hand over his eyes, or put his head down to avoid the light.	Result 2 or 3	Result 1
2	Seem to have burning or itchy eyes, rub his or her eyes, rapidly blink, and/or have teary eyes not due to allergies.	Result 2 or 3	Result 1
3	Rub his or her eyes or blink-rapidly after looking at something (when he or she is not tired).	Result 2 or 3	Result 1
4	Appear to only see an object when it’s separated (isolated?) from other items (e.g. cannot find a specific toy when it’s among other objects).	Result 2 or 3	Result 1

## PARENT CONCERNS:

**Review Guidance:** Parents and caregivers are typically very accurate reporters of their child’s visual concerns. Because of the urgency of identifying early onset vision problems and concerns, good vision screening practices always include an opportunity for family members to note if there are concerns

beyond what were noted in a questionnaire such as this one. If no concerns are noted in this section, the reviewer would consider the response a Result 1. If a concern is noted in this section, the reviewer should consider the response a Result 2 or 3.

**EYE CARE PROFESSIONAL VISIT INFORMATION:**

**Review Guidance:** If the child has seen an eye care professional, this information can offer additional information about those findings. The screening team should discuss the medical care plan for upcoming visits to the eye care professional for any identified vision concerns. If there have been new concerns noted since the most recent eye examination, the family should be redirected back to their eye care professional.

**SUMMARY:** *The Vision Screening Parent Questionnaire for Children Ages Birth through Five Years* can provide vital information about a young child’s vision skills. This tool does not replace a regular in-person vision screening. Its purpose is to gather information during the COVID-19 pandemic when in-person screenings are not possible or difficult to schedule.

Based on the provided results, the reviewer should use the following guidance for next step recommendations.

Caregiver Responses on Questionnaire	Result
All responses are marked NO and there are no noted vision concerns.	<b>Result 1:</b> Arrangement for regular in-person vision screening when it becomes available.
There are one or more marked YES responses and/or there are noted vision concerns.	<b>Result 2:</b> Arrangement for a regular in-person vision screening, as soon as possible and no later than 30 days. Discuss the value of an eye care professional referral for the family’s consideration.
There are one or more marked YES responses and/or there are noted vision concerns.	<b>Result 3:</b> A regular in-person vision screening cannot be arranged with the screening team in a prompt and timely manner, no later than 30 calendar days. A prompt referral should be made to an eye care professional.

If there are questions about this guidance, please be in touch with Tanni Anthony at (303) 866-6681 or [Anthony\\_t@cde.state.co.us](mailto:Anthony_t@cde.state.co.us)

**References:**

Colorado Department of Education (2005). *Visual Screening Guidelines: Children Birth through Five Years*, Colorado Department of Education.

Teach CVI (2020). *Screening List for Children with a Suspicion of a Cerebral Visual Impairment (CVI) / Screen List CVI 1* retrieved from [https://f9d3e3e2-4dd0-4434-a4bb-27a978ad3a27.filesusr.com/ugd/eca85c\\_7ca670026a8d4f388c5d63828ec0610d.pdf](https://f9d3e3e2-4dd0-4434-a4bb-27a978ad3a27.filesusr.com/ugd/eca85c_7ca670026a8d4f388c5d63828ec0610d.pdf)

Topor, I. (2004). *Approximate functional visual acuity for different sizes of objects and distances*. Chapel Hill, NC: Early Intervention Training Center for Infants and Toddlers with Visual Impairments, FPG Child Development Institute, UNC-CH.

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