VISION SCREENING FORM

Referred to PIP ☐ yes ☐ no

Date:

Referred to Ophthalmologist & PIP
☐ yes ☐ no

Date:

Copy to family for Ophthalmologist
☐ yes ☐ no

Initially Developed by Darla Fowers, and Sandra Handy; Revised in 2004 by Baby Watch Task Force to be used to determine vision status for children in the Baby Watch Early Intervention Program.
This screening does not equate with an assessment by a medical professional.

Child' Name ______________________________ **DOB** ____________

Chronological Age ______________________________ **Adjusted Age** ____________

Signature (person doing screening) ______________________________ **Date** ____________

Eye care Specialist ______________________________ Date of last exam ____________

If eye report available, __STOP__ here.

I. HISTORY: (Check all that apply) ☐ No Concerns

A. Child's History

☐ Low birth weight < 3.5 lbs.	☐ Hydrocephaly/microcephaly	☐ Juvenile rheumatoid arthritis
☐ Prematurity w/oxygen < 32 wks	☐ Syndrome ____________.	☐ Shaken Baby Syndrome
☐ Diabetes Mellitus	☐ Brain Bleed	☐ Significant illness:
☐ Meningitis/encephalitis	☐ Birth trauma/lack of oxygen	☐ Hearing loss
☐ Head trauma/tumor	☐ Seizures	☐ Congenital CMV
☐ Cerebral palsy	☐ Sickle cell anemia	☐ Medication(s):

B. Exposures during pregnancy

☐ Rubella	☐ Toxoplasmosis	☐ Significant illnesses:
☐ Herpes	☐ Alcohol / drugs	☐ Medication(s):

C. Immediate family history of childhood vision loss

☐ Strabismus/Amblyopia	☐ Retinal dystrophy / degeneration	☐ Systemic syndromes w/ ocular manifestations
☐ Congenital Cataracts	☐ Glasses in early childhood	☐ Retinoblastoma
☐ Congenital Glaucoma	☐ Sickle cell disease	☐ Other:

II. APPEARANCE OF THE EYE(S): (Check all that apply) ☐ No Concerns

☐ Cloudy or milky appearance	☐ Pupils do NOT respond to light
☐ Keyhole pupil	☐ Difference between eyes (size, shape, etc.)
☐ Excessive sensitivity to room light	☐ Excessive tearing
☐ Droopy eyelids	☐ Jerky eye movements

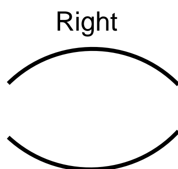
III. IS MISALIGNMENT OBSERVED? ☐Yes ☐ No *Do not test for misalignment under three months adjusted age.*

A. If misalignment is noticeable, draw where eyes usually rest.

With ☐ or Without ☐ glasses

B. Where is light reflected in both eyes?
(corneal light reflection - draw on the diagram below, the place the reflection is observed.)

Right



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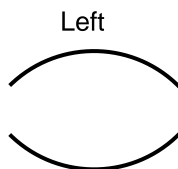
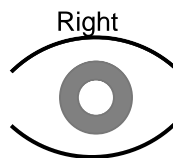


Right



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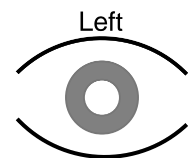

IV. DOES THE CHILD RESIST ANY EFFORTS TO OCCLUDE OR COVER ONE EYE MORE THAN THE OTHER?

(Do not confuse with the child who does not want face touched at all.)

☐ Yes ☐ No

V. OBSERVED EYE RESPONSES/VISUAL BEHAVIORS: (check each item observed)

INSTRUCTIONS: Begin testing at approximate developmental age.
Complete at least 3 consecutive sections, identifying both a baseline and ceiling according to assessment protocol.

Yes	No	**BIRTH:**
☐	☐	Responds to movement or light with a blink reflex
☐	☐	Pupil responds to light on/off
☐	☐	Makes momentary eye contact

Comments

Yes	No	**1 MONTH:**
☐	☐	Turns head & eyes to light source
☐	☐	Regards face
☐	☐	Follows movement horizontally, either side of midline

Comments

Yes	No	**2 MONTHS:**
☐	☐	Turns head to objects/lights on either side
☐	☐	Stares at objects or people
☐	☐	Social smile in response to a smile from another

Comments

Yes	No	**3 MONTHS:**
☐	☐	Follows object (tracks) 180 degrees
☐	☐	Regards own hands
☐	☐	Follows movement of people & objects

Comments

Yes	No	**4 MONTHS:**
☐	☐	Glances from one object to another
☐	☐	Uses vision to reach towards 1″ object at 12″
☐	☐	Looks at 4″ – 6″ object at 3 feet

Comments

Yes	No	**BY 6 MONTHS:**
☐	☐	Watches rolling tennis ball at 10 feet
☐	☐	Uses vision to reach directly to object
		☐ Over reaches ☐ Under reaches
☐	☐	Uses eyes together

Comments

Yes	No	**BY 9 MONTHS:**
☐	☐	Looks for fallen toy
☐	☐	Eyes converge on moving toy to within 4″ of face
☐	☐	Watches activity of adults 15 – 20 feet

Comments

Yes	No	**BY 12 MONTHS**
☐	☐	Recognizes familiar object (bottle, toy) at 8-10′
☐	☐	Looks at pictures in a book
☐	☐	Looks at/picks up small object (raisin, cereal)

Comments

Yes	No	**BY 18 MONTHS:**
☐	☐	Uses vision to tower 3, 1 inch cubes
☐	☐	Looks at/points to pictures named
☐	☐	Attends to 2″ – 3″ stationary object at 10 feet

Comments

Yes	No	**BY 24 MONTHS:**
☐	☐	Imitates facial and hand movements
☐	☐	Walks confidently in unfamiliar or varying surfaces
☐	☐	Visually locates identical objects (begins matching)

Comments

Yes	No	**BY 30 to 36 MONTHS:**
☐	☐	Recognizes self in photo/mirror
☐	☐	Imitates actions (finger plays, on, under, behind)

Comments

VISUAL CONCERNS: