

Child's Name _____ BirthDate _____ Age ____ Sex: M / F

Parent/Guardian _____ Phone No. _____

Address _____ Date _____

Illinois Functional Vision Screening Tool

This screening tool can be used as part of the global evaluation process if screening results are not already available from another source. Vision and hearing screening are both reported on the Individual Family Services Plan under the domain of physical development.

Note: Free trainings are offered around the state through Illinois School for the Visually Impaired (ISVI) Outreach on the use of this three-part Illinois Functional Vision Screening tool. Those intending to use the tool are encouraged to complete the training. Steps one and two can be used without step three. Step three should only be administered by an individual who has attended the ISVI Outreach training on the Illinois Functional Screening tool.

Results Summary:

<u>Step 1</u> Initial Observations	Pass	Refer
<u>Step 2</u> Developmental Milestones	Pass	Refer
<u>Step 3</u> Functional Screening Items		
Pupillary Response/Appearance	Pass	Refer
Visual Field Test	Pass	Refer
Tracking	Pass	Refer
Corneal Light Reflex	Pass	Refer

Comments including reason for referral or description of concerns:

STEP 1 Initial Observations

A "Yes" to any of the following statements indicates that follow up action is needed.

Appearance

Yes	No	Description	Follow Up Action Needed
		Eyes are crossed, turn in or out, or move independently of one another...all of the time, part of the time or when the child is tired.	DSCC
		Eyes are frequently red, watery, or crusted.	Primary Care Physician
		Eye lids droop to cover pupils.	DSCC
		Eyes shake or move constantly.	DSCC
		Pupils of markedly different sizes. (more than several millimeters difference.)	DSCC
		One or both of the child's pupils are unusually shaped.	Primary Care Physician
		One or both of the child's pupils look white or cloudy.	DSCC
		Pupils that are red or violet.	Primary Care Physician

Function

Yes	No	Description	Follow Up Action Needed
		Prefers one eye over the other.	DSCC
		Tilts or turns head to use one eye.	DSCC
		Holds objects unusually close or far when looking at them.	EI Auth
		Frequently trips or runs into things.	EI Auth
		Stands unusually close to the television.	EI Auth
		Avoiding visual concentration.	EI Auth
		Cries or otherwise indicates pain in bright-light situations such as sunlight.	EI Auth

Comments:

Step 2 Infant/Toddler Visual Developmental Sequence Checklist

A child who does not appear to be using visual skills at or above age level should receive an EI Authorization for an optometric examination unless otherwise noted within this checklist.

Developmental Age	Visual Skills
Birth to one month	<ul style="list-style-type: none"> <input type="checkbox"/> Stares at lights, windows & bright walls <input type="checkbox"/> Blinks when light is too bright <input type="checkbox"/> Pupil gets smaller when light is shone in either eye, both pupils get equally larger when lights are turned down. <input type="checkbox"/> Looks at faces briefly <input type="checkbox"/> Looks briefly at objects placed in field of vision. May momentarily stop activity such as sucking or moving. <input type="checkbox"/> Eyes turn the opposite direction that head turns or tilts. This reflex is inhibited after the first few weeks as child's fixation increases. <input type="checkbox"/> Seems to focus best on objects 10 inches from face or further. <input type="checkbox"/> Follows or tracks a slowly moving object horizontally with eyes
One to three month	<ul style="list-style-type: none"> <input type="checkbox"/> Fixates on object within field of vision <input type="checkbox"/> Eye contact increases <input type="checkbox"/> Smiles in response to looking into face of a person who is talking or smiling <input type="checkbox"/> May smile at a picture or drawing of a face <input type="checkbox"/> Looks at high contrast patterns <input type="checkbox"/> Focuses on objects from 5 inches to as close as 3 inches <input type="checkbox"/> Visually inspects hands and nearby surroundings <input type="checkbox"/> Shows visual preference for people or objects <input type="checkbox"/> Will turn to an object brought in from the side <input type="checkbox"/> Can tilt head to look at objects above and below <p>NOTE: At this young age, eye movements are poorly coordinated and eyes may not always appear straight or work together all the time.</p>
Three to five months	<ul style="list-style-type: none"> <input type="checkbox"/> Looks at objects in hands momentarily <input type="checkbox"/> Most objects within reach are looked at and reached for <input type="checkbox"/> Visually attends to objects at distances from 5 - 20 inches <input type="checkbox"/> Follows or tracks an object vertically or a fast moving object <input type="checkbox"/> Moves head or eyes to sound <input type="checkbox"/> Looks for toys that go out of sight <input type="checkbox"/> Fixates on objects at 3 feet <input type="checkbox"/> Looks at small objects and details <input type="checkbox"/> Accurately reaches for objects

Five to seven months	<ul style="list-style-type: none"> <input type="checkbox"/> Binocular eye movements are well developed NOTE: Deviations should be followed medically. Refer to DSCC. <input type="checkbox"/> Prefers to look at more complex and real pictures <input type="checkbox"/> Looks in a mirror and may smile, pat, or kiss image <input type="checkbox"/> Visually discriminates strangers <input type="checkbox"/> Responds to a variety of facial expressions <input type="checkbox"/> Laughs at peek-a-boo games
Seven to twelve months	<ul style="list-style-type: none"> <input type="checkbox"/> Tilts head to look up <input type="checkbox"/> Tracks objects with eyes rather than just head <input type="checkbox"/> Fixates on facial expression and imitates <input type="checkbox"/> Reaches for small objects such as pieces of cereal <input type="checkbox"/> Recognizes some pictures
Twelve to eighteen months	<ul style="list-style-type: none"> <input type="checkbox"/> Identifies likenesses and differences <input type="checkbox"/> Makes linear marks on paper <input type="checkbox"/> Looks toward indicated objects when requested <input type="checkbox"/> Looks at picture books and turns pages
Eighteen months to three years	<ul style="list-style-type: none"> <input type="checkbox"/> Looks behind the mirror when looking at own reflection <input type="checkbox"/> Differentiates, discriminates and identifies familiar objects <input type="checkbox"/> Imitates simple actions <input type="checkbox"/> Imitates vertical, horizontal, and circular marks <input type="checkbox"/> Matches pictures to objects and pictures to pictures <input type="checkbox"/> Matches colors <input type="checkbox"/> Matches circle, square, and triangle <input type="checkbox"/> Identifies body parts on dolls or picture <input type="checkbox"/> Names or points to self in photograph

Comments:

Visual Field Test

With the child attending to a target such as a toy or the television, attempt to distract his attention by bring a shiny moving object into his peripheral field. Slowly bring the object from behind the child and toward his central vision. The child should shift gaze before the object reaches his central vision.

Record Results

Upper Left	Yes	No	Upper Right	Yes	No
Middle Left	Yes	No	Middle Right	Yes	No
Lower Left	Yes	No	Lower Right	Yes	No

Pass = child shifts gaze to at least 4 points

Refer = child does not shift gaze to at least 4 points

Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments _____

Hirschberg Corneal Light Reflex

Hold a penlight 8"-10" away from the child's face directly in front of the eyes. Direct the light from the penlight in between the eyebrows. The child needs to fixate either on the penlight or on an object held near the light. Observe the reflection of the penlight in the pupils of both eyes. The reflection should be equally centered and slightly toward the nose. Sensitivity to light, rapid eye movement and poor fixation observed during this test are also reasons for referral.

Record Results

_____ Centered in BOTH eyes
_____ Equally centered SLIGHTLY nasal in BOTH eyes
_____ Not centered in one or both eyes

Pass = centered in both eyes or slightly nasal

Refer = not centered in one or both eyes

Referral Action = Children with questionable results should be referred to DSCC for a diagnostic evaluation by an ophthalmologist.

Comments _____
