

SCHOOL VISION SCREENING GUIDELINES



The University of the State of New York
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Student Support Services Team
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FOREWORD

School Vision Screening Guidelines provides local educational agencies with a framework for establishing the vision screening program required under New York State Education Law section 905 and the regulations promulgated there under, specifically 8 NYCRR Part 136. It explains the purpose of vision screening in schools and provides guidelines for developing effective vision screening including planning, implementation, and follow-up procedures. This document is intended for use by administrators and school health personnel. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the field of school nursing. Local educational agencies should review these guidelines with their counsel, as necessary to incorporate the guidance with district policy. This document is not intended as a mandate and is to be used for guidance purposes only.

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I. PURPOSE OF A SCHOOL VISION SCREENING PROGRAM

The purpose of a school vision screening program is to identify students with possible visual impairments. Visual problems can and do affect the physical, intellectual, social, and emotional development of students. The key to successful remediation is early identification and intervention, which may prevent educational problems and permanent vision impairments. Even mild vision impairments may be educationally and medically significant.

Vision screening programs should be an integral part of the total school health program. The major objectives of a school vision screening program are to:

- Identify students with potential vision problems through:
 - Selected vision screening procedures.
 - Planned procedures of observation.
- Notify parents or guardian that their student has been identified as having a possible vision problem and need for further examination by an eye care professional.
- Establish follow-up procedures to ensure that each identified student will receive appropriate care.
- Inform teachers of students with vision problems and provide recommendations from the eye care professional regarding the classroom environment.
- Provide appropriate educational accommodations for students with visual impairment.

II. LEGISLATIVE BACKGROUND

Article 19 of the New York State Education Law requires that students receive vision screening as part of the school health services provided by each school district. The regulations promulgated thereunder, which can be found at 8 NYCRR Part 136, require that vision screening be provided to all students within six months of admission. This screening includes a minimum of color perception, distance acuity, near vision. Hyperopia screening may be performed as necessary, or per district policy. Additionally, all students in grades kindergarten, 1, 2, 3, 5, 7 and 10 and at any other time deemed necessary shall be screened for distance acuity. Results of all screening examinations are to be provided to the pupil's parent or guardian in writing. The purpose of this requirement is to detect the presence of vision problems likely to impede a student's learning. Students thought to be disabled due to vision impairment may be referred for an initial evaluation to determine if the student is a student with a disability, as that term is defined in Article 89 of the New York State Education Law.

Statutory blindness is defined in the Federal Social Security Administration Law as central visual acuity of 20/200 or less in the better eye with the use of correcting lens. An eye which has a limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less (20 CFR §404.151).

III. ESTABLISHING PRIORITIES

Vision screening which includes a minimum of color perception, distance acuity, and near vision must be administered to all students within six months of admission to the school and screening for distance acuity must be administered in grades K, 1, 2, 3, 5, 7, 10. *Students who have been classified by the district's Committee on Special Education (CSE) as legally blind (as defined by federal law) are excused from the vision screening process.*

Other students may be screened with attention paid to the following:

- Previously referred, but not seen by medical provider or an eye care specialist.
- Prior to evaluation for IEP (Individualized Educational Plan.)
- All students suspected of having a vision problem that are self-referred, or referred by teachers, or parent/guardian.

IV. INDICATORS OF SUSPICION

Signs and Symptoms

Teachers, family members, parent/guardian, and school nursing personnel observations of student behavior and appraisal of student achievements are exceedingly important. Unusual behavior, poor school performance, and reduced rates of learning may indicate visual problems.

Since teachers observe students involved in classroom activities, they play a key role in detecting possible visual problems. A plan for close observation of students by the teacher and referral of students with suspected visual problems to school health personnel might benefit the student's school performance. Signs that a student may have vision impairment include:

Behavior:

- Holds work too close or too far, or brings work to close proximity with their eyes
- Asks for special seating

- Thrusts head forward to see distant objects
- Holds body tense when reading or looking at distant objects
- Frowns when reading
- Attempts to brush away a blur
- Rubs eyes frequently
- Frequent blinking when reading
- Covers one eye
- Squints
- Tilts head
- Appears to view material with their peripheral vision
- Difficulty following movement of others/objects

Complaints:

- Eyes are sensitive to light
- Eyes or eyelids burn or itch
- Images appear as blurred or doubled
- Letters and lines run together
- Words seem to jump
- Frequent headaches
- Doesn't tolerate glasses; dislikes glasses

Appearance:

- Lids are crusted, red-rimmed, or swollen; sties occur frequently
- Eyes water or appear bloodshot
- Eyes appear misaligned

Performance:

- Exhibits slowness in learning to read
- Exhibits poor achievement demonstrated by reduced quality or quantity of work and slow rate of learning
- Short attention span

Physical activity:

- Performs poorly at games involving hand eye coordination
- Exhibits poor eye-muscle coordination
- Stumbles or trips over small objects
- Bends close to floor or work surface to find small objects

Other sources of information which may indicate visual problems:

- Birth history
- Previous eye examinations, wearing corrective lenses, under care of eye care professional
- Medication
- Surgery
- Family history

V. THE SCHOOL VISION SCREENING PROGRAM

A. Minimum Screening Program

A school vision screening program should include as a minimum:

1. Recording of any signs, symptoms, and relevant history as reported by the student, parent/guardian, and/or school staff that may indicate visual problems.
2. Observation and recording of any unusual features or eye movement of the student during screening.
3. Observation and recording of the student's behavior during screening (i.e., squinting, rubbing eyes, moving forward.)
4. Screening and recording of the following visual tests:
 - a. Distance visual acuity - once within six months of admission to school, and in grades K, 1, 2, 3, 5, 7, and 10.
 - b. Near visual acuity: once within six months of admission to school.
 - c. Color perception: once within six months of admission to school.
 - d. *Optional:* Plus lens (hyperopia): once within six months of admission to school.
5. The vision screening results; including proper notification of the parent/guardian, follow-up efforts by health office personnel (school nurse or medical director), and eye care professional evaluation findings should all be recorded on the student's cumulative health record (CHR). The original medical records should be retained for one school year after receipt.

B. Preparations for Vision Screening

1. Selection of a screening site

In the planning of a vision screening program, attention should be given to the room selection in which to screen. Whenever possible the health office should be used. It is also important to consider lighting, bright sunlight should be filtered and behind the student. Since students are easily distracted, it is advisable to select a room or area that is quiet and free from interruptions. The room needs to include appropriate space to set up screening components. If possible, a waiting area should be included for those students awaiting screening. Ideally, the site selected should not have multiple uses so as not to distract the student during screening at any time before completion. This is not always possible in a

school health office and cooperation of the building administration in supporting the health office staff during screening procedures is essential to a smooth process.

A school district's Director of School Health Services is responsible for assuring that all health screenings are performed by trained, licensed health care professionals.

2. Explanation to students

It is important that students understand the purpose of vision screening, and their role in the activity. School health personnel should plan time to review the purpose of periodic vision screening, and demonstrate screening procedures prior to the screening for early elementary students. Instruction should emphasize the value of early and periodic screening, the relationship of health and safety practices to the prevention of eye diseases and injuries, prompt medical treatment of correctable and/or reversible eye health conditions, and environmental factors which are conducive to the maintenance of eye health and safety. Teaching is enhanced by notifying families of the upcoming screening, and asking them to discuss the process with their child, particularly with younger students.

During the procedure instructions to students should be simple and clear. Students should be told they may not be able to see everything. Students should understand that they must tell you when they cannot see the letters or symbols. The word "test" implies the "need to pass," Using the term "vision screening" may help to prevent students from attempting to guess when they are unable to see the letters or symbols. An alternative to the Snellen acuity chart for young students would be the use of the HOTV chart, the Lea chart, tumbling C's or E's, or the Allen picture chart. (These charts are listed in order of decreasing accuracy, i.e. the Snellen chart should be used instead of the Allen chart if the student is able to recognize all of the letters on the Snellen chart. The examiner should use the most reliable chart that the student is capable of consistently recognizing.) Sensitivity to individual student needs along with use of appropriate screening procedures, orientation, familiar personnel, and establishing rapport with the student will assist in the success of screening activities.

3. Observations of the student

When a student is scheduled for screening, whether based on referral or scheduled screening, teacher observations of visual behavior should be gathered and reviewed as warranted. A teacher may also refer a student for a professional eye exam if they feel the student may be having difficulties based on their observations. The teacher should put the referral in writing including the behaviors they observed that prompted the referral (refer to Appendix C) and send to the parent/guardian to be shared with the eye care professional. A copy of this referral letter to the parent is placed in the student's health record. When feasible, school health personnel should observe the student performing a variety of visual tasks.

Equipment needed

- a. **Eye Chart** – As discussed above, the Snellen chart is preferred, but other charts may be used depending on the student’s age and level of maturity. Displaying the Snellen chart at 20 feet (or at 10 feet if properly calibrated) is preferred for distance visual acuity. Measure the distance between the student and the eye chart. Tape may be used to mark the spot for the student to sit or stand. A reduced chart for measuring near acuity is strongly recommended. Mechanical vision testers capable of testing both distance vision and near vision are available, but generally less desirable.
- b. **Occluder** - Pirate style or occlusive patches (which can be as simple as, a piece of 2 inch paper tape- use new piece for each student) are preferred to having a student or an assistant hold their hand over the student’s eye. Care must be taken to ensure that the student is not peeking around the occluder.
- c. **Pointer** – the examiner’s finger, a stick, or a laser pointer may be used to attract the student’s attention to the letter or symbol on the eye chart.
- d. Pseudoisochromatic plates used to check color vision, may be used with a paint brush or cotton swab (this is useful with younger students.)
- e. *Optional*-Glasses with + 2.25 diopter lens are used for hyperopia screening.

4. Setting up the screening area

- a. Place a 20-foot eye chart (preferably Snellen) on light-colored, uncluttered wall with 20/40 line of chart at the eye level of the student to be screened.
- b. Measure the distance from the chart to where the student will sit or stand, and place a piece of tape to mark the student’s place. Maintain an unobstructed floor space between the tape and the eye chart.
- c. If a 10-foot eye chart is used, follow directions in (a) and (b) for 10 feet.
- d. Arrange table and chairs for screening and recording. Keep out of line of eye chart and 20-foot floor mark.
- e. Ensure normal lighting on the chart, and avoid undue glare.
- f. Follow the manufacture’s instructions if using mechanical vision testers for distance and near vision testing

C. Screening Procedure for Distance Visual Acuity: Grades K, 1, 2, 3, 5, 7 and 10

Screening must be conducted within six months of school admission, and in grades K, 1, 2, 3, 5, 7 and 10. Screening may also be done at other times if requested by parent/guardian, school staff, or the student.

1. The distance from the front of student's face to the chart should be 20 feet.

2. Check student to be sure he/she understands how to respond to the figures on the displayed chart. Ensure he/she can describe the letters or symbols. Take student up close to chart for orientation if necessary. Test both eyes pointing to a few letters to be sure student can be screened.
3. Test right (R) eye first; then left (L) eye.
 - a. If student wears glasses or contact lenses, screen with glasses or contact lenses in place; or
 - b. If student has glasses or contact lenses and is not wearing them, screening should be scheduled for another day with glasses or contact lenses
 - c. It is *optional* to test vision both with and without lenses.
4. Cover student's left eye with occluder without pressing tightly. Be sure that the student cannot see around the occluder. Advise the student not to squint, tilt head, or close occluded eye.
5. Have the student read the letters or symbols on the chart from top to bottom moving across the line from left to right as you indicate. Use pointer to point from below to each letter student is to read. The examiner should not block out or cover the other letters or symbols on the same line.
6. If the first line is read correctly, proceed to the next smaller line. Continue presenting each smaller line of letters through the 20/20 line as long as the student can identify one more than half the line. To pass a line, the student must be able to correctly identify one more than half the letters on the line.
7. If the student fails to read a line, repeat the line in the reverse order. If the line is failed twice, identify the visual acuity as the next higher line read correctly. For example, if the student fails on the 20/30 foot line, record the visual acuity as 20/40 noting the eye tested: R (or O.D.) indicates the right eye, and L (or O.S.) indicates the left eye.
8. Repeat above procedures (4) through (7) with the right eye occluded and record the results for the left eye as instructed in (7.)
9. *Failure criteria:*
 - a. Inability to read 20/30 (Grades K-12.), or 20/40 for pre-K
 - b. A two-line or greater difference between the two eyes (e.g., right eye 20/20, left eye 20/40.)

If the student fails the vision screening, best practice would dictate re-screening another day. If the student initially failed using a mechanical vision tester, the re-screening should be done with a conventional eye chart. If the student fails the re-screening, notify the parent/guardian in writing, with a written recommendation for an eye examination by an eye care

professional. Ideally a telephone call to the parent/guardian should precede the written referral. (See Appendices A and B)

D. Screening Procedures For Near Visual Acuity

Screening must be conducted within six months of school admission, and may be conducted at other times if requested by parent/guardian, school staff, or the student.

1. Have the student sit at a table or desk with adequate lighting. Use the Reduced Snellen Chart (or other appropriate eye chart if the student cannot accurately recognize letters) at a distance per the manufacturer's directions.
2. Have the student cover his/her left eye with an occluder, and read the letters on the chart from left to right, starting with the smallest line he/she was able to read on the distance acuity chart. Identify the smallest line read correctly, record as near visual acuity for the right eye, noting any facial or postural behaviors.
3. Repeat procedure (2) with right eye occluded, and record the results as near visual acuity for the left eye.
4. *Failure criteria:*
 - a. Less than the best acuity achieved on the distance test.
 - b. More than a two-line difference between eyes.

If the student fails the vision screening, best practice would dictate re-screening another day. If the student initially failed using a mechanical vision tester, the re-screening should be done with a conventional eye chart. If the student fails the re-screening, notify the parent/guardian in writing, with a written recommendation for an eye examination by an eye care professional. Ideally a telephone call to the parent/guardian should precede the written referral. (See Appendices A and B)

E. Color Perception Screenings:

Screening must be conducted once within six months of school admission, and may be conducted at other times if requested by parents/guardian, school staff, or the student.

1. Follow manufacturer's directions for use of Pseudoisochromatic plates.
2. Acquaint the student with the screening materials and method of responding.

3. Have the student keep both eyes open, and test both eyes together.
4. Show the student how to use a soft, dry paint brush or cotton swab to trace the symbols on the color plate if unable to verbalize symbols.

5. *Failure criteria:*

Follow the manufacturer's instructions for what constitutes failure of the screening. Inform parents/guardian in writing, about a possible color vision abnormality, and the importance of discussing the matter with their eye care professional. Ideally a telephone call to the parent/guardian should precede the written referral.

NOTE: Pseudoisochromatic plates in mechanical vision testers are not acceptable for use.

F. Procedures for hyperopia with +2.25 diopter lenses (CONVEX or PLUS LENS) *OPTIONAL SCREENING*

1. Have the student remain at the appropriate marked 20 or 10 foot line (depending on the chart used), and ask the student to put on glasses with +2.25 diopter lenses. Students who wear corrective lenses for close visual correction should not wear those lenses when screening. All other students should have their corrective lenses on when screened.

After the student has worn the glasses for one minute, ask the student to read the 20/20 line of the Snellen chart. Note any squinting. If using a mechanical vision tester, follow the manufacturer's instructions.

2. If the student is able to read this line correctly, he or she has failed hyperoptic screening.
3. Record pass or fail results.

4. *Failure criteria:*

- a. The ability to read a 20/20 line through +2.25 diopter lenses.

If the student fails the first screening, re-screen using the same procedure. If the student fails the re-screening, notify the parent/guardian in writing, with a recommendation for an examination by an eye care professional.

VI. FOLLOW -THROUGH

A. Parent/Guardian Notification

1. The success of the program is dependent on the implementation of a systematic follow-up procedure including:
 - a. Notification to parent/guardian in writing (refer to Appendix A for sample form.) School health personnel may precede this with a telephone call, and/or through a parent- conference regarding screening results requiring a professional vision examination.
Refer the student to an eye care professional. Avoid making any recommendation to a specific individual, or a specific class of practitioner (ophthalmologist or optometrist.)
 - b. Advise the parent/guardian to take the evaluation form (refer to Appendix A and C) to the appointment with an eye care professional. Have the completed evaluation form returned to school after the student is evaluated by an eye care professional. The information on the form is needed by the school to determine if any adjustments or accommodations need to be made to the student's education program.
2. Maintain contact with the parent/guardian to ascertain if the student has received the needed examination and necessary care. If necessary, assist the parent/guardian in need of financial assistance through a referral to an appropriate community resource. Depending on need such resources may include:
 - a. Local county department of social services for Medicaid assistance.
 - b. Lions Club for refractions, glasses, and eye examinations.
 - c. PTA and other service organizations.
 - d. The local county physically handicapped children's program.
 - e. Health insurance plans.
3. Develop and implement a system for follow-up of referrals (refer to Appendix D for sample form), and record screening results and pertinent information on the student's CHR.
4. Consult with teachers, and recommend necessary educational adjustments or accommodations to meet individual needs (e.g. color perception impairment).

B. Vision Impairments

1. Care of students with eyeglasses, contact lenses, or a known vision impairment:

If the student wears lenses, or has a known vision impairment school health personnel should determine whether the school has a record of the student's eye examination. It is imperative to obtain the results of a professional eye examination and any

recommendations that might affect school performance. If a student has lenses or reduced vision with lenses, school health personnel should do the following:

- a. School health personnel can assist the student in adjusting to the need for corrective lenses if newly prescribed and/or other therapeutic interventions such as patching, or eye drops.
- b. Engage in direct student counseling regarding eye health and safety.
- c. Emphasize the importance of continued follow-up by the student's eye care professional. Reinforce with the student the reasons for regular eye examinations.
- d. Teach the student the importance of keeping his/her lenses clean and properly adjusted. Demonstrate how to do this as needed.

2. Care of students with non-correctable vision loss (severe vision handicaps):

Some students have visual impairments that cannot be fully corrected through treatment. In these cases school health personnel should do the following:

- a. Counsel parents/guardian regarding severe vision loss.
- b. Refer students to a Teacher of the Visually Impaired and/or Orientation & Mobility Specialist.
- c. Refer to the Committee on Special Education in the school district.
- d. Refer parents/guardian to the physically handicapped children's program in their county for eligible services relating to the student's visual handicap.
- e. Review the professional eye exam report for information to determine if any adjustments or accommodations need to be made to the student's education program. (Including participation in physical education, intramurals, and interscholastic sports.)
- f. Maintain identification procedures for students with severe visual impairment as well as referral and follow-up services at periodic intervals.
- g. Make certain the student is following the eye care professional's recommendations regarding the wearing of protective eyewear for activities at school with a risk of eye injury. This may include, assisting the student in obtaining appropriate eyewear, and explaining to school staff the importance of the student wearing the eyewear at school.

Note: School health personnel in collaboration with the physical education teacher should develop procedures and practices in regard to participation in physical education, intramurals, recess, and interscholastic activities.

Refer to Physical Education Programs which can be found in the NYSED School Health Examination Guidelines at:

<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/SchoolHealthExaminationGuidelines.pdf>

VII. RELIGIOUS EXEMPTIONS

Vision screening will not be required where a student, the parent, or person in parental relation to the student, objects to the screening on the grounds that the screening conflicts with their genuine and sincere religious beliefs. A written and signed statement from the student, parent or person in parental relation to the student that such person hold such beliefs must be submitted to the principal or the principal's designee in which case the principal or principal's designee may require supporting documents.

VIII. GLOSSARY

Amblyopia - reduced vision that is not correctable with eyeglasses. Often treated with patching, eyeglasses, or eye drops (It is sometimes called "lazy eye.")

Astigmatism - a refractive error usually related to irregular curvature of the front surface (cornea) of the eye, resulting in an irregular focus, or a blurred image being seen whether the object is near or far.

Color vision - ability to discriminate between different colors.

Distance visual acuity - the ability to see symbols at a measured distance of 20 feet or the equivalent.

Hyperopia - a refractive error in which parallel light rays focus behind the retina, frequently called "farsightedness".

Myopia - a refractive error in which parallel light rays from a distant object focus in front of the retina, often called "nearsightedness."

Near visual acuity - the ability to see symbols at a measured distance of 13-14 inches.

Strabismus - ocular misalignment; it is a common cause of amblyopia.

Visual acuity - clarity of central vision; ability to discriminate details; measurements indicate the smallest figure or symbol recognizable in central vision.

IX. REFERENCES

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APPENDIX A

SAMPLE FORM
**School Vision Screening
Parent/Guardian Notification**

(School name)

Dear Parent or Guardian:

When your child was screened for vision at school, he/she had some trouble reading the charts. Your child's health and vision are important to us. These results may or may not mean there is a problem; therefore it is recommended that your child's eyes be examined by an eye care professional. It is requested that you take this form to your child's eye exam along with the enclosed "Report of Eye Examination to the School" form. Return the completed "Report of Eye Examination to the School" form to the school as soon as possible. Thank you for your cooperation.

Your child _____ in grade _____

received a vision screening at school on _____. The following results were obtained:
(date)

Observations: _____

| Vision Test | Without Lenses | With Lenses |
|--------------------|-----------------------|---------------------|
| Distance Acuity | Right Eye 20/ _____ | Right Eye 20/ _____ |
| | Left Eye 20/ _____ | Left Eye 20/ _____ |
| Near Acuity | Right Eye 20/ _____ | Right Eye 20/ _____ |
| | Left Eye 20/ _____ | Left Eye 20/ _____ |
| Plus Lens (+2.25): | Right Eye 20/ _____ | Right Eye 20/ _____ |
| | Left Eye 20/ _____ | Left Eye 20/ _____ |

(Signature of school health professional)

Date

APPENDIX B

SAMPLE FORM

Report of Professional Eye Examination to the School -return completed form to school

Student name _____ DOB _____

Grade _____ Date of examination _____

Visual Acuity Distance Without correction: R _____ L _____

With Correction R _____ L _____

Visual acuity: Near Without correction R _____ L _____

With Correction R _____ L _____

Peripheral vision, if fields are restricted, indicate degree and location: _____

Diagnosis: _____

Plan: No treatment at this time Eyeglasses Contact Lenses Patch
 Other _____

Please indicate when or under what conditions corrective lenses/patch should be worn:

Requirements: _____ Correction not required
_____ Correction prescribed
_____ Glasses _____ contact lenses

Corrected Visual Acuity: R 20/ _____ L 20/ _____

Frequency of Classroom Use:

_____ Wear at all times. _____ Wear for distance only
_____ Wear for reading tasks only _____ Other (specify) _____

Physical Education: (Note: Only polycarbonate lenses are acceptable for wear during physical education)

_____ Wear for physical education _____ Remove for physical education

Signature/Title _____

Telephone number _____

APPENDIX C

SAMPLE FORM CLASSROOM TEACHER OBSERVATIONS-VISION

Student Name: _____ Grade: _____

Please check all that apply:

| | |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | The student complains of headaches, nausea/dizziness, burning eyes, rubbing eyes, or other signs of eye fatigue during or after visual activities. |
| Eye Movement Abilities: | |
| <input type="checkbox"/> | Head turns as reads across page. |
| <input type="checkbox"/> | Loses place often during reading. |
| <input type="checkbox"/> | Needs finger or marker to keep place. |
| <input type="checkbox"/> | Displays short attention span in reading or copying. |
| <input type="checkbox"/> | Frequently omits words when reading. |
| <input type="checkbox"/> | Writes up or down hill on paper. |
| <input type="checkbox"/> | Rereads or skips lines unknowingly. |
| <input type="checkbox"/> | Misaligns digits in number columns. |
| <input type="checkbox"/> | Squints, closes or covers one eye. |
| <input type="checkbox"/> | Tilts head extremely while working at desk. |
| <input type="checkbox"/> | Writes crookedly, poorly spaced; can't stay on ruled lines. |
| <input type="checkbox"/> | Misaligns both horizontal and vertical series of numbers. |
| <input type="checkbox"/> | Uses hand or fingers to keep his place on the page. |
| <input type="checkbox"/> | Repeatedly confuses left-right directions. |
| Visual Form Perception: | |
| <input type="checkbox"/> | Mistakes words with same or similar beginnings. |
| <input type="checkbox"/> | Reverses letters and/or words in writing and copying. |
| <input type="checkbox"/> | Confuses likenesses and minor differences. |
| <input type="checkbox"/> | Has difficulty noting fine detail in words or pictures. |
| <input type="checkbox"/> | Does not recognize color differences. |
| <input type="checkbox"/> | Has difficulty recognizing common objects. |
| <input type="checkbox"/> | Holds materials too close or too far from eyes when reading or examining objects. |
| <input type="checkbox"/> | Loses interest too quickly when reading. |
| <input type="checkbox"/> | Blinks excessively at desk and/or reading; not elsewhere. |
| <input type="checkbox"/> | Complains of discomfort in tasks that demand visual interpretation. |
| <input type="checkbox"/> | Closes or covers one eye when reading or doing desk work. |
| <input type="checkbox"/> | Makes errors in copying from chalkboard to paper on desk. |
| <input type="checkbox"/> | Needs more time than others to copy from board. |
| <input type="checkbox"/> | Squints to see chalkboard or requests to move nearer: Copy at what distance: _____ |
| <input type="checkbox"/> | Makes errors in copying from reference book to notebook. |

| Can the Student See Projected Images From: | |
|---------------------------------------------------|-----------------------|
| <input type="checkbox"/> | Overhead projector |
| <input type="checkbox"/> | Movies |
| <input type="checkbox"/> | Video (on TV monitor) |
| <input type="checkbox"/> | Filmstrips |

| Can the Student See: | |
|-----------------------------|----------------------|
| <input type="checkbox"/> | Regular print books |
| <input type="checkbox"/> | Magazines |
| <input type="checkbox"/> | Newspapers |
| <input type="checkbox"/> | Duplicated materials |
| <input type="checkbox"/> | Photocopy |
| <input type="checkbox"/> | Maps/Graphs |

| Visual Perception Skills: | |
|----------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | The student has difficulty following printed directions. |
| <input type="checkbox"/> | Difficulty locating objects in the room or outdoors |
| <input type="checkbox"/> | Difficulty scanning for a particular object or word. |
| <input type="checkbox"/> | Difficulty relating parts to whole. |
| <input type="checkbox"/> | Difficulty with measurement concepts. |
| <input type="checkbox"/> | Difficulty with small objects and/or fine detail. |
| <input type="checkbox"/> | Difficulty recognizing objects or people at a distance. |
| <input type="checkbox"/> | Problems with letter reversals. |
| <input type="checkbox"/> | Difficulty with organization of objects, words or ideas (matching, sorting, classifying, etc.) |

| Visual Motor Skill Behavior: | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| List any type of fine motor activities with which the student has frequent difficulty. | |
| Does the student appear to be overly clumsy in motor activities? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student seem to rely more on touch than vision to examine things? Describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student ever reach for an object and miss by several inches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

