

## FUNCTIONAL VISION SCREENING

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Initial Examiner \_\_\_\_\_ Date \_\_\_\_\_

A functional vision/hearing response screener is appropriate if the student fails the vision/hearing screening and rescreening is unwarranted due to the functioning level of the student: cannot follow directions, is unable to be conditioned for the testing situation, is unable to adapt to the screening situation, and/or refuses to cooperate in the screening situation.

1. Is pupillary reaction present? ☐ Yes ☐ No
2. Does student follow an object with eyes? ☐ Yes ☐ No
3. When using a pencil, crayon, paintbrush, etc., does student follow markings with eyes? Is eye tracking evident? ☐ Yes ☐ No
4. Does student pick up objects from the table or floor? List items.
  - a) ½ inch – 1 inch: \_\_\_\_\_ ☐ Yes ☐ No
  - b) 1 inch – 3 inches: \_\_\_\_\_ ☐ Yes ☐ No
  - c) > 3 inches: \_\_\_\_\_ ☐ Yes ☐ No
5. Does student reach for objects (toy, juice box, etc.)?
  - a) At near, 12-18 inches? ☐ Yes ☐ No
  - b) At distance, 10 feet? ☐ Yes ☐ No
6. Does student look at an object when placed before him/her? List items.
  - a) ½ inch – 1 inch: \_\_\_\_\_ ☐ Yes ☐ No
  - b) 1 inch – 3 inches: \_\_\_\_\_ ☐ Yes ☐ No
  - c) > 3 inches: \_\_\_\_\_ ☐ Yes ☐ No
7. Does student look at pictures in a book? ☐ Yes ☐ No
8. Do eyes and head turn toward a light that is introduced? ☐ Yes ☐ No
9. Does student use a visual searching technique when objects are placed out of sight? ☐ Yes ☐ No
10. Check for convergence: Move a toy or light slowly toward the bridge of the child's nose from about 12-16" away. Does the child's eyes continue to converge on the toy or light until it is 4" from the child's nose? ☐ Yes ☐ No
11. No eye preference? If preference, right or left? ☐ Yes ☐ No

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming.

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Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher/Parent: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Attach to Vision Screening Form*

## QUESTIONS TO ASK PARENTS

*If Additional Information Needed*

1. Does your child recognize people when they enter the room (without an auditory cue)?
  - a) Will the child raise his or her arms to be picked up?
  - b) How far away does the person have to be before the child recognizes the person?
2. Have you noticed your child squinting when in bright sunlight or when near bright lights?
3. Does your child appear to notice if the room lights are on or off?
4. Does your child appear to tilt his/her head in an unusual way to look at things?
5. Does your child hold his/her hand or objects near his/her eyes in an unusual manner?
6. Does your child locate things he/she drops on the floor?
  - a) Does the child use vision to locate lost objects?
  - b) How?
7. Is your child interested in watching television?
  - a) Does your child stand or sit directly in front of the television?