

Why Johnny and Jane Can't Focus in the Classroom:
Vision Disorders, Learning Problems,
and Vision Screening

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Introduction and Disclaimer

- 16 years in vision screening field
- Former Director/Lead Trainer – Vision Initiative for Children – West Virginia University Eye Institute
- Member –Advisory Committee to the National Center for Children's Vision and Eye Health at Prevent Blindness
- Consultant – Vision Screening Committee, American Association for Pediatric Ophthalmology and Strabismus
- Current Education and Outreach Coordinator for the National Center for Children's Vision and Eye Health at Prevent Blindness
- Current Director – Vision and Eye Health Initiatives at Good-Lite and School Health Corporation
- Not in sales . . . Focus is encourage age-appropriate, evidence-based, and best practice vision screening as part of a strong, 12-component, Vision Health System of Care

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Info You Will Take Home ...
4 Learning Objectives

List 3 classroom behaviors that could be related to vision disorders.

List 2 evidence-based approaches to vision screening and describe what each measures.

Describe the relationship between undetected vision disorders and learning challenges.

Provide the answer to this question: Is pointing to optotypes when screening vision appropriate?

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- Behaviors should not be used as a checklist.
- Behaviors are not always related to vision.
- A vision disorder is something to consider when the behaviors occur.
- Conduct vision screening to rule out vision as a casual factor.

1 – Talking During Learning Activity

Dr. Gallin described child who received reprimands for talking in class.

After vision screening + eye exam + glasses, he was no longer disruptive.

Child said he talked in class because he was asking other students to help him read material on board.

Gallin, P. F. (2015, May 15). Kids who can't see can't learn. The New York Times. Retrieved from http://www.nytimes.com/2015/05/15/opinion/kids-who-cant-see-cant-learn.html?_r=0

2 - Notably Quiet in Class

Dr. Gallin described child who was notably quiet in class:

- Child explained she stopped looking at the board . . . Because she couldn't read material on board.

Gallin, P. F. (2015, May 15). Kids who can't see can't learn. The New York Times. Retrieved from http://www.nytimes.com/2015/05/15/opinion/kids-who-cant-see-cant-learn.html?_r=0

3 – “Spacy” and In Own World

Amelia “seemed sort of spacey, as if she were in her own little world, usually a step behind the other students. She would often interrupt story time to come forward and peer at the pictures in the book.”

Vision screening + eye exam + glasses.

Then . . .

“The cutest moment was when she and a friend were walking hand-in-hand around the playground.

He was pointing out different things to her, and she would excitedly exclaim ‘I can see that now!’

Amelia is now very aware and an active participant of everything that is happening in the classroom and will truly be ready for kindergarten!”

Story from West Virginia Head Start employee.

4 – Difficulty Sitting Still

This Mom had concerns about the vision of her younger son because he was always up and moving, not sitting in her lap and listening when she read a book, not watching TV with his brother.

Vision screening + eye exam + glasses.

Momma said glasses made an incredible difference for her son.

Now, he sits in her lap while she reads a book from start to finish.

Now, he watches cartoons with his brother without running around the room.

At age 4, he is achieving greater success at his daycare. Before the vision screening and eye glasses, he was “up and moving” during circle time. “He was kind of a loner before. He would get bored.” Now he sits and participates in group activities.

Story from West Virginia parent.

5 – Frustrated with “Academic Work”

“After he received his glasses, he was like a different child. He seemed happier and less frustrated.

Before his glasses, he would become frustrated trying to write his letters or draw.

Now he likes to work on his letters.”

The child said, before glasses, “things looked dusty”.

Story from West Virginia parent and child.

6 - Squinting

Sally, who squinted in circle time activities, failed initial screening and rescreening.
 Sally's mom immediately made an appointment for a full eye exam.
 Vision screening + eye exam + glasses.
 Sally does not have to squint when she is in circle time doing activities such as calendar or weather chart.

Story from West Virginia Head Start employee.

7 – Clumsiness

"I remember clearly one of the first vision screenings I completed. It was on a little girl who we had already realized was very clumsy.
 She was prescribed very strong lenses and we immediately realized that her vision was the reason for her clumsiness.
 I have realized through these screenings that vision can affect a child's behavior, balance, and academic performance."

Story from West Virginia Head Start employee.

MULTISTATE LEVEL

- 2015 Vision in Preschoolers – Hyperopia in Preschoolers Study (VIP-HIP) found:
 - Children ages 4 and 5 years with uncorrected hyperopia (farsightedness ≥ 4.0 D) scored *significantly* worse on a test of early literacy than children with normal vision.
 - ≤ 4.0 D also had lower scores, but difference not statistically significant
- Test = TOPEL (Test of Preschool Early Literacy)
- Performance most affected:
 - Print knowledge subtest, which assesses the ability to identify letters and written words

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VIP-HIP Study Group, Kulp, M. T., Ciner, E., Maguire, M., Moore, B., Pentimonti, J., Pistilli, M., Cyert, L., Candy, R., Quinn, G., & Ying, G. (2016). Uncorrected hyperopia and preschool early literacy: Results of the Vision In Preschoolers – Hyperopia In Preschoolers (VIP-HIP) Study. *Ophthalmology*, 123(4), 681-689.

MULTIPLE INNER CITY SCHOOLS LEVEL:

Ongoing

- 317 2nd and 3rd grade students in 12 high-poverty schools in Baltimore City School District in phase 1
- Most common eye exam findings: refractive errors (hyperopia, myopia, astigmatism)
- Poor baseline visual acuity and hyperopia associated with reduced reading achievement and worse baseline reading scores

Collins, M. E., Mudie, L., Slavin, R. E., Corcoran, R. P., Owuoye, J., Chang, D., Friedman, D. S., & Repka, M. X. (2016). Prevalence of eye disease and reading difficulty in an inner city elementary school population—preliminary results of the Baltimore Reading and Eye Disease Study (BREDS) [Abstract]. *Journal of AAPOS*, 20(4), e29-e30. Retrieved from [http://www.jaapos.org/article/S1091-8531\(16\)30239-7/abstract](http://www.jaapos.org/article/S1091-8531(16)30239-7/abstract)

SINGLE SCHOOL DISTRICT LEVEL:

- 2015 study of low-income children ages 3 through 5 years screened in South Carolina's Charleston County School District – *after diagnosis and treatment with prescription glasses* – found:
 - Improvement in academic progress.
 - Increase in focus during lessons.
 - Increase in participation and classroom interaction.
 - Improvement in confidence and behavior.

Peterseim, M. M., Papa, C. E., Parades, C., Davidson, J., Sturges, A., Oslin, C., Merritt, I., & Morrison, M. (2015). Combining automated vision screening with on-site examinations in 23 schools: ReFocus on Children Program 2012 to 2013. *Journal of Pediatric Ophthalmology & Strabismus*, 52(1), 20-24.

Individual Child Level

- | | |
|--|---|
| • 5 th grade student | • Almost immediately his disruptive behaviors calmed |
| • Consistent, unruly disruption in classes | |
| • Grades: C's and D's | • 3 months after vision screening + eye exam + glasses: |
| • Thinking about switching him to program for emotionally disturbed students | • Grades improved to B's and working on A's |
| • Vision screening + eye exam + glasses | • Student's aunt told Lions: "You saved my nephew." |

True story from Charles Short – Indiana Lions District 25C – West Lafayette, IN

- First grade reading ability found to be predictive of 11th grade reading outcomes, including reading comprehension, vocabulary, and general knowledge.
- Children who lag in 1st grade but catch up by 3rd or 5th grade have good prognosis for future reading level.

Cunningham, A. E., & Stanovich, K. E. (1997). Early reading acquisition and its relation to reading experience and ability 10 years later. *Developmental Psychology*, 33(6), 934-945.

- Children with reading difficulty at end of 1st grade shown to have 88% chance of remaining poor readers end of 4th grade.

Juel, C. (1988). Learning to read and write – a longitudinal study of 54 children from 1st through 4th grades. *Journal of Educational Psychology*, 80(4), 437-447.

What do previous slides tell you?

- Importance of:
 - Evidence-based vision screening,
 - Follow-up eye exams,
 - Receiving vision treatment plan and related devices/materials (i.e., glasses, patching); and
 - Following treatment plan for best vision now and in the future.

Cast of Characters

NCCVEH:

- National Center for Children's Vision and Eye Health at Prevent Blindness

AAP:

- American Academy of Pediatrics
- American Association for Pediatric Ophthalmology and Strabismus
- American Academy of Ophthalmology
- American Association of Certified Orthoptists

2 Approaches to Vision Screening

1. Optotype-based screening

- Tests of visual acuity using optotypes to measure visual acuity as interpreted by the brain
 - *Quantifiable measurement of the sharpness or clearness of vision when identifying black optotypes on a white background using specific optotype sizes at a prescribed and standardized distance*

2. Instrument-based screening

- Instruments do not measure visual acuity
- *Instruments analyze images of the eyes to provide information about amblyopia and reduced vision risk factors:*
 - Estimates of significant refractive error (hyperopia, myopia, astigmatism)
 - *Estimates of anisometropia*
 - Estimates of eye misalignment (some, not all)

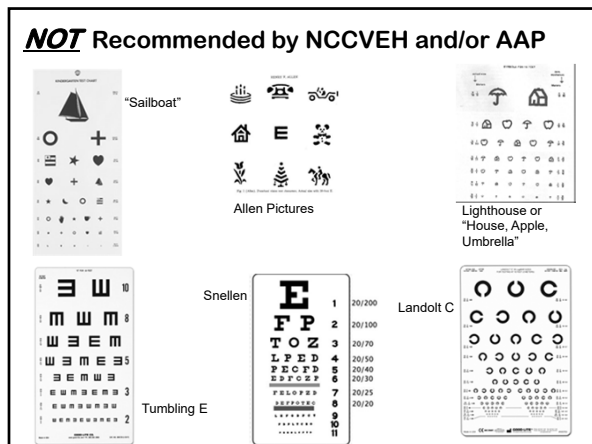
Threshold & Critical Line Screening

• Threshold screening

- *Move down chart until child cannot correctly identify majority of optotypes*

• Critical line screening

- *Use only line child needs to pass according to child's age*



Why **NOT** Recommended?

- The use of validated and standardized optotypes and acuity charts is important for an accurate assessment of vision.
- Charts not standardized.
- Children may not know their letters.
- Requires discrimination of direction, which is not sufficiently developed in preschool-aged children.
- Not well validated in screening environment.

Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/oxp-92-06.pdf>

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Importance of Appropriate Tools

- "Visual acuity scores can be significantly affected by the chart design." (p. 1248)
 - Bailey, I. L. (2012). Perspective: Visual acuity – Keeping it clear. *Optometry and Vision Science*, 89(9), 1247-1248.
- Excluding optotype size, "each visual acuity level on a test chart should present an essentially equivalent task". (p. 740)
 - Bailey, I. L., & Lovie, J. E. (1976). New design principles for visual acuity letter charts. *American Journal of Optometry & Physiological Optics*, 53(11), 740-745.

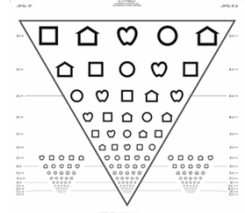
National and International Distance Visual Acuity Eye Chart Recommendations

- **1980 - National Academy of Sciences-National Research Council (NAS-NRC)**
 - Committee on Vision. (1980). Recommended standard procedures for the clinical measurement and specification of visual acuity. Report of working group 39. Assembly of Behavioral and Social Sciences, National Research Council, National Academy of Sciences, Washington, DC. *Advances in Ophthalmology*, 41:103–148.
- **1984 - International Council of Ophthalmology (ICO)**
 - www.icoph.org/dynamic/attachments/resources/icovisualacuity1984.pdf
- **2003 - World Health Organization Prevention of Blindness & Deafness (WHO)**
 - Prevention of blindness and deafness. Consultation on development of standards for characterization of vision loss and visual functioning. Geneva: WHO;2003 (WHO/PBL/03.91).
- **2010 – American National Standards Institute, Inc. 25**
 - ANSI Z80.21-1992 (R2004) Approved May 27, 2010

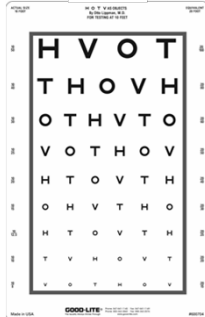
Tips:

- Line outside optotypes
- 20/32 vs. 20/30
- 10 feet vs. 20 feet

YES





NO



Preferred Optotypes for Ages 3 to 7 Years

- NCCVEH
- AAP
- Recommend LEA SYMBOLS® and HOTV letters as optotypes

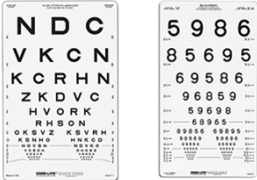



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Preferred Optotypes for Ages 7 Years & Older

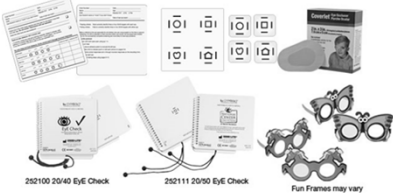
- AAP
 - Recommends Sloan Letters
- American Academy of Ophthalmology
 - Recommends Sloan Letters and LEA NUMBERS®



Donahue, S. P., Baker, C. N., Committee on Practice and Ambulatory Medicine, Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology (2016). Procedures for the evaluation of the visual system by pediatricians. *Pediatrics*, 137(1), e20153597. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/early/2015/12/07/peds.2015-3597.full.pdf>

American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel. (2012). Preferred Practice Pattern® Guidelines. Amblyopia. San Francisco, CA: American Academy of Ophthalmology. Retrieved from <https://www.aao.org/preferred-practice-pattern/amblyopia-ppp-september-2012>


NCCVEH - LEA SYMBOLS® for children ages 3, 4, and 5 years at 5 feet



252100 20/40 Eye Check 252111 20/30 Eye Check Fun Frames may vary

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NCCVEH Option - LEA SYMBOLS® for children ages 3, 4, and 5 years at 10 feet



Sight Line

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Also acceptable . . .



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Options - Kits From AAPOS

(American Association for Pediatric Ophthalmology and Strabismus)

- AAPOS Vision Screening Kit



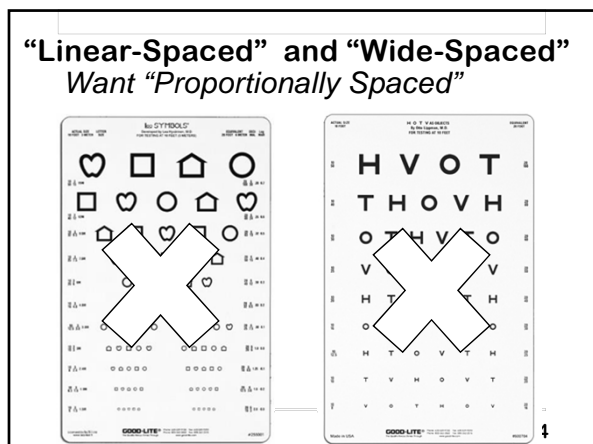
- AAPOS Vision Screening Kit: Supplemental Screening Package



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- 5 or 10 feet from chart to child's eyes
- *New, standardized distance charts will be at 10 feet for children and adults*
- 10/xx on left side of chart with 20/xx on right side – report 20/xx

Screening Distance 33



No Single Optotypes or Flashcards Without Surround Bars for Typically Developing Children

- Visual acuity results, on average, 3 lines worse on charts with lines vs. single, non-crowded optotypes
- For example, 20/32 with single, isolated optotype and 20/80 with line chart

Youngson, R. M. (1975). Anomaly in visual acuity testing in children. *British Journal of Ophthalmology*, 59(3), 168-170.

Hilton, A. F., & Stanley, J. C. (1972). Pitfalls in testing children's vision by the Sheridan Gardiner single optotype method. *British Journal of Ophthalmology*, 56(2), 135-139.



Unacceptable Occluders Ages 3, 4, and 5 years


- Hand
- Tissue
- Paper or plastic cup
- Cover paddle

Why unacceptable?

Children can easily peek

Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/oxp-92-06.pdf>

Occluders – Aged 10 Years and Older




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To Point or Not to Point . . . ?

- Pointing to each optotype to help children know where they are on the chart is permissible.

☐ True or False?

✓ _____



Prevention of blindness and deafness. Consultation on development of standards for characterization of vision loss and visual functioning. Geneva: WHO;2003 (WHO/PBL03.91). Retrieved from http://apps.who.int/iris/bitstream/10665/68601/1/WHO_PBL_03_91.pdf

➤ “Untestable” is not a failed vision screening.

➤ Keep track of “untestable” children.

➤ *Untestable children in VIP study were 2x as likely to have vision problems than those who passed vision screening.*

➤ If possible, rescreen untestable children same day.

➤ If you have reason to believe that the child may perform better on another day, consider rescreening the child within 6 months.

Vision in Preschoolers Study Group. (2007). Children unable to perform screening tests in Vision in Preschoolers Study: Proportion with ocular conditions and impact on measure of test accuracy. *Investigative Ophthalmology & Visual Science*, 48(1), 83-87.

American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel. (2012). Preferred Practice Pattern® Guidelines. Amblyopia. San Francisco, CA: American Academy of Ophthalmology. Retrieved from <https://www.aao.org/preferred-practice-pattern/amblyopia-ppp--september-2012>

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No Need to Read Each Optotype on Every Line

World Health Organization (2003) says:

- *May be less tedious for children to read 1st optotype on left-side of chart until missing one and then moving up a line and reading entire line*
- Camparini et al. found: ETDRS-Fast (reading 1 letter per row until a mistake is made) yields accurate results compared with standard method of reading each optotype on every line.
 - *Also – significantly reduced test time*

Camparini, M., Cassinari, P., Ferrigno, L., & Macaluso, C. (2001). ETDRS-Fast: Implementing psychophysical adaptive methods to standardized visual acuity measurement with ETDRS charts. *Investigative Ophthalmology & Visual Science*, 42(6), 1226-1231.

Referral Criteria

NCCVEH

- Age 3 years:
 - Majority of optotypes on 20/50 line
- Ages 4 and 5 years:
 - Majority of optotypes on 20/40 line
- Ages 6 years and older:
 - Majority of optotypes on 20/32 line

AAP

- Age 3 years:
 - Majority of optotypes on 20/50 line
- Ages 4 years:
 - Majority of optotypes on 20/40 line
- Ages 5 years and older:
 - Majority of optotypes on 20/32 (or 20/30) line
 - Or 2-line difference even in passing lines (i.e., 20/20 and 20/32)

Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/oxp-92-06.pdf>

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Color Vision Deficiency Screening?

- First time enter school – when considering careers
- Why? Don't want to see Johnny in trouble for not sitting on red dot in circle time because dot looks green or brown.
- Don't want Jane's hopes and dreams of becoming an Air Force pilot dashed.

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What to Use?

- Book with symbols for young children and numbers for older children
- *Tip: If color books >7 years, upgrade; colors desaturate*
- Use Q-tip, not fingers; oil from fingers will desaturate colors

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Stereoacuity

- PASS 2
- Stereoacuity screening is not a recommendation for ages 3, 4, and 5 years.
- *If mandated to do stereoacuity, NCCVEH recommends PASS 2.*

Preschool Assessment of Stereopsis with a Smile 2 (PASS 2)
Vision Assessment Corporation

Stereoacuity levels:
480 sec arc for 3 and 4yo; + 240 sec arc for 5yo and older, blank, demo

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Why Not Random Dot E?

- Failed to make cut for 2nd phase of Vision in Preschoolers study looking at appropriate vision screening tools.
- Elise Ciner, OD, stereoacuity expert with VIP:
 - High untestability rate compared with Stereo Smile (PASS II).
 - Concerns with 50 cm vs. 40 cm (16 in.) screening distance.
 - Unclear whether 550 sec arc stereo level is sensitive enough to detect visual conditions.

Personal Communication
 1/19/11 and 2/21/11

Choices for Near Vision Screening



California using 20/32 line only with both eyes open.

Instrument-Based Screening

- Use beginning at 12 months; better success at 18 months (AAP)
- Use instruments OR tests of visual acuity for children ages 3, 4, and 5 years (NCCVEH and AAP)
- Instruments at any age for 6 years and older if child or young adult cannot do test of visual acuity (AAP)

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Instrument-Based Screening

- If use instruments, have test of visual acuity as back-up.
- *Why? If device has 90% "capture rate", how screen 10%?*

- Do not attempt to convert estimated refractive error to visual acuity value.
- Child could fail vision screening with instrument, but pass with conversion and miss opportunity for eye exam.

Nominat		Nominat			
Nominat		Nominat			
Nominat		Nominat			
Approx. 1000	Estimated 1000	Approx. 1000	Approx. 1000	Approx. 1000	Estimated 1000
0.5	0.5000	0.50	0.50	0.50	0.5000
0.75	0.7500	0.75	0.75	0.75	0.7500
1	1.0000	1.00	1.00	1.00	1.0000
1.25	1.2500	1.25	1.25	1.25	1.2500
1.5	1.5000	1.50	1.50	1.50	1.5000
1.75	1.7500	1.75	1.75	1.75	1.7500

Not Recommended for conversion of screening results for children screened for amblyopia risk factors

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Children Who Should Bypass Vision Screening and Go Directly to Eye Exam - NCCVEH

Readably observable ocular abnormalities	Neuro-developmental disorders, such as:	Systemic conditions with ocular abnormalities, such as:	Parents or siblings with history of:	History of prematurity	Parents who believe their child has vision problem
Strabismus	Hearing impairment	Diabetes	Strabismus	< 32 completed weeks	<p>Message to primary care providers:</p> <p>Don't wait and see</p>
Ptosis	Motor, such as CP	Multiple Sclerosis	Amblyopia		
	Down Syndrome				
	Cognitive impairment	Juvenile Arthritis			
Autism Spectrum Disorder					
Speech / Language Delay					

References for previous slide:

Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/opx-92-06.pdf>

Marsh-Toolle, W. L., Russ, S. A., & Repka, M. X., for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision and eye health in children 36 to <72 months: Proposed data definitions. *Optometry and Vision Science*, 92(1), 17-23. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274339/pdf/opx-92-17.pdf>


If Required to Screen All Children . . .

- ☐ Use same vision screening tools you use with all children.
- ☐ If children are untestable, refer.
- ☐ If children pass, explain to parents that the screening result could be inaccurate:
 - ☐ Because these children are at a higher risk of having a vision disorder, and
 - ☐ Hidden vision problems in children with special needs are common.
- ☐ A comprehensive eye exam remains recommended and best practice for these children.

Consensus of the Technical Guidance Subcommittee to the National Center for Children's Vision and Eye Health – 2.16.17. Subcommittee includes pediatric ophthalmologists and pediatric optometrists.

Referral Letter / Suggested Text for Your Referral Letter

- ☐ Link to Referral Letter via NASN: <http://www.nasn.org/ToolsResources/VisionandEyeHealth>
- 2. Comprehensive Communication/Approval Process**
 Facilitate parents'/caretakers' completing a signed HIPAA/FERPA compliant release permitting exchange of vision screening and eye examination information among appropriate healthcare providers to support reciprocal access to and follow up from eye care.
[Referral for an Eye Examination letter with release of information \[Spanish \]](#)
- ☐ Link to Referral Letter via NCCVCH (bottom of page): <http://nationalcenter.preventblindness.org/resources-2>



Suggested Text for Your Family Information and Referral Letters

- ☐ Text to add to your existing referral letters:
- ☐ We refer children for an eye exam when they do not pass vision screening. We also refer children who may pass a vision screening if they are at a higher risk of having a vision disorder because of a medical or developmental reason.
 - ☐ Include on your referral document:
 - ☐ Reason for referral: Increased risk for vision disorder because of developmental or medical reason (describe): _____

Vision Screening is . . .

- Part of a process...not a single event.
- 1 of 12 components of a strong vision health system of care.

How to Build a Strong Vision Health System of Care



CHILDREN'S VISION HEALTH: HOW TO CREATE A STRONG VISION HEALTH SYSTEM OF CARE

Madison, a Kindergarten, did not pass vision screening and received glasses after a follow-up eye exam. When she returned to her classroom with her new glasses, Madison walked into the room and looked around. A picture of a giraffe on the wall caught her attention. She walked to the picture, looked at the giraffe, turned to her teacher, and said, "I didn't know giraffes had eyes!"

This story reinforces our knowledge that children with vision disorders rarely know that the way they see their world differs from the way children with good vision see the world. Consequently, they miss out on learning opportunities in the world around them because of poor vision. Vision impairments are common conditions among young children, affecting 1 in 20 preschool-aged children and 1 in 4 school-aged children. A recent report concluded that there is adequate evidence that early treatment of amblyopia results in improved visual outcomes.² In addition, optical correction of significant refractive error may be related to child development³ and improve school readiness.^{4,5}

To assist front-line screeners, the National Association of School Nurses is collaborating with the National Center for Children's Vision and Eye Health to provide national guidance to school nurses to standardize approaches to vision screening, improve follow-up for eye care for children who do not pass vision screening, provide family-friendly educational information, and consult with some of the nation's leading pediatric eye care providers to ensure best practices.

Unless a child's eye is crossed, you will rarely know that a child is having difficulty with vision. You can help find children with vision problems by implementing a strong vision health system of care as a part of your school health program.

What is included in a Strong Vision Health System of Care?

A vision health system of care includes at least the following 12 components:

1. Ensuring that all parents/caregivers receive educational material, which respects cultural and literacy needs, about the importance of:
 - a. Good vision for their child now and in the future.
 - b. Scheduling and attending an eye exam when their child does not pass vision screening.
2. Ensuring that parent/caregiver's written approval for vision screening includes permission to:
 - a. Share screening results with the child's eye doctor and primary care provider.
 - b. Receive eye exam results for your file.
 - c. Talk with the child's eye doctor for clarification of eye exam results and prescribed treatments.

http://nationalcenter.preventblindness.org/sites/default/files/national/documents/12-component_vision_health_system_of_care%20Revised%202.2015.pdf

<http://nationalcenter.preventblindness.org/sites/default/files/national/documents/VSProgramEvaluationNHSAVersion.pdf>

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- <http://nationalcenter.preventblindness.org/year-childrens-vision>
- *Archived vision screening webinars in Resources*

- <http://nationalcenter.preventblindness.org/>

This document is a position statement, not formal recommendations or protocols, and is meant to guide those charged with developing, implementing and evaluating vision screening programs for school-aged students. The guidance provided in this

http://www.preventblindness.org/sites/default/files/national/documents/Children%27s_Vision_Chartbook.pdf

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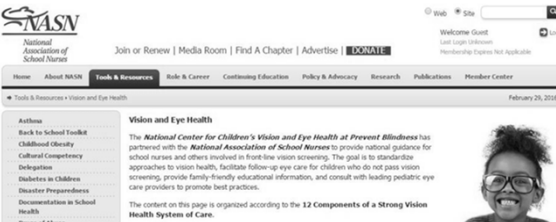


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NASN Vision and Eye Health Resource

(National Center for Children's Vision and Eye Health and NASN partnership)

<https://www.nasn.org/ToolsResources/VisionandEyeHealth>

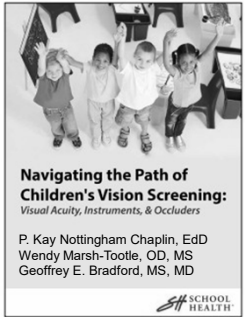



Free eBook:

Navigating the Path of Children's Vision Screening

- Screening practices
- Recommended tools
- Proper occlusion
- Guidance from national experts

www.schoolhealth.com/media/pdf/NavigatingVisionScreening.pdf





Children's Vision Screening Training and Certification

Prevent Blindness has the only national program for training and certifying vision screeners.

Our children's vision screening training and certification program ensures consistent, highly effective screening services. Prevent Blindness' professional advisors recommend screening tests designed to accurately detect children's vision problems. The training and certification program prepares screeners to do the best possible job.

Join Prevent Blindness and its 35,000 volunteers. Become a vision screener!

Contact us about vision screening training and certification, or call 1-800-331-2020.

<http://nationalcenter.preventblindness.org/childrens-vision-screening-training-and-certification>

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