



Vision Screening Set up, Procedures and Evaluation

1. Visual Acuity (distance) Test

Set up

- May need 2 people
- Put top of the chart on the wall about 48" high at *child's eye level*
- Measure 10 ft from the wall and mark the floor with tape
- Testers may also begin the evaluation sheet (*if there is not a Lions member acting as secretary*)

Procedure

1. Show the child the symbols at close range. Discuss what they are called.
2. Tell the child that we are going to cover one eye with the spoon(s) so that we can test one eye at a time.
3. Step back to the eye chart. Ask the child to identify the shapes...
 - do all shapes on the top line
 - point to one shape on each line (vary the choices) until reaching the 20/30 line, use aids for the child if necessary
 - Child must identify all pictures on the 20/30 line (not in L to R order).
4. Repeat with other eye.

Evaluation "At level / Below level"

The child must identify all the pictures on the 20/30 line, with both eyes to be "At Level" (pass)



2. **Stereo Acuity Test**, Alignment test with glasses

Set up

- Table with 2 chairs for tester and child
- Something to prop up the book at an angle
- Glasses wipes to clean glasses between use

Procedure

1. Tell the child you have a special book for him/her to look at, but they need to wear special (magic) glasses. Put on over regular corrective glasses.
2. Ask the child to push down the pictures that “pop out” or appear closer to them on the left page. There will be one per row.
3. Ask the child to “touch (or push) the wings on the fly” on the right page of the book. If they are unable to do this, ask them to identify or trace the shape of the L and R in the bottom corners of the page.

Evaluation “At level / Below level”

To be “at level” (pass), the child must be able to identify the 3 raised pictures on the left hand page, and touch the wings of the fly (above the page) or identify the L and R on the right hand page.

*If there are problems, the child will be able to see the square or circle on the bottom of the right hand page but not the letters in them.



3. Auto Refractor, Welsh Allyn machine

Set up

- Location needed with *no interference from natural light*
- Tester and machine must be at the child's eye level
- Perhaps put the child on a higher chair than the tester or use a booster seat
- Tester may also complete the paperwork and give the child the Lion sticker (*if there is not a Lions member acting as secretary*)

Procedure

1. Set the machine on child setting.
2. Sit in front of the child *at eye level*.
3. Ask the child to look at the centre of the circle with the green flashing lights and watch for the red light.
4. Focus on the centre of the child's right eye, with the instrument close to the child. Back up slowly until you hear a steady tone. The instrument beeps "tah-dah" when done.
5. Repeat with the left eye.

Evaluation "At level / Below level"

The child is "below level" (fails) if...

- "S" *sphere power* is greater than +2.50 D
- "C" *cylinder power* is less than -1.00 D
- If there is a power difference of 1.00 D or more between eyes

*the "S" power has been increased from 2.00 to 2.50 on the advice of an optometrist who noted that young children often have an astigmatism that they will outgrow, so this increase takes this factor into account.



4. Secretary

1. Collect the permission slip from the child as they arrive and begin the evaluation sheet. Add child's name to the statistics sheet and prepare an envelope for the child.
2. Fold the evaluation sheet covering the child's name
3. Direct the child to the first station
4. When the child has visited all three testing stations
 - give the child a sticker and send them back to class
 - complete the child's evaluation sheet and the statistics sheet
 - seal the child's sheet in their envelope at the end of the day (this allows for rechecking in the case of an error on the statistics sheet)
5. Give the permission slips to the secretary for disposal.

Return all evaluation sheets, in envelopes to the secretary for distribution to parents.

Photocopy the statistics sheet for the school. Black out any results where the parents did not wish to share the information with the schools.



Lions Vision Screening Consent Form

The vision and hearing screening program are provided to your child in JK and SK. or Sk. and Grade 1, as specified by your local Lions club. This is a free service by the Lions or Lioness Club in your community.

This screens how well the child can see with each eye, how well he or she can see at a distance, and how well both eyes work together (depth perception). The screening instruments used make no physical contact with your child and do not require eye drops. This screening can detect the presence of vision problems which could place your child at risk for developing amblyopia ("lazy eye"), as well as vision problems that can delay reading and learning.

A yearly eye exam is covered by OHIP for children under 18; it is highly recommended that visits to an optometrist become part of your child's health routine. If you have any further concerns regarding your child's vision, consult an eye care professional or your family health care contact. The purpose of this screening is to identify children at risk of potentially having vision loss that is **preventable** and to notify parents of the need for a complete eye examination for those children who do not pass the screening.

This screening will be conducted by the _____ Lions Club volunteers on

(date) _____ at (location) _____.

I, the undersigned, give permission for my child to participate in the screening event. I understand the following regarding this program:

1. There is no charge for my child to participate in the vision screening process.
2. The information obtained from this screening is preliminary only and does not constitute a diagnosis of vision problems.
3. I will be contacted by the Lions screeners with my child's screening results.
4. I understand that I am responsible for arranging for a full eye exam if my child has been referred as a result of the vision screening test.
5. I will not hold the Lion's Club accountable for any errors of commission, omission, or other misdiagnosis.
6. By signing this form, I do not waive any of my legal rights.

Child's Name: _____ Date of Birth: _____ Gender: M / F

Parent or Guardian's Name (please print): _____

Signature of Parent or Guardian

Date

May we share the results with your school? Yes _____ No _____

Lions equipment made available with the assistance of a grant from



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VISION SCREENING REPORT FORM

Vision Screening Policy

Since eighty percent of what children learn comes from their eyes and vision, it is important to detect vision problems before they affect a child's performance in school. It is estimated that one in six children has a vision problem.

This is a vision screening, and not a complete eye examination. It is designed to identify children who have trouble seeing things at a distance, up close, or who have difficulty making both eyes work together. **No attempt was made to check the health of the eyes.**

A vision screening does not replace a complete eye exam and it will not identify every child with an eye problem. Eye care professionals recommend that every child have his or her first eye examination by the age of six months, and when no abnormalities are detected, again at the age of three. Annual eye examinations are recommended for school aged children and are covered by OHIP.

The Hearing screening is a simple procedure to determine the level at which your child is hearing sounds in each ear and both ears together.

The **Lions Club** of _____, is pleased to provide this Vision and Hearing Screening Report for:

Child's Name _____

VISION SCREENING

SCREENING CRITERIA	pass	refer	
Far Visual Acuity	_____	_____	At this time, we recommend that your child has a complete eye and vision examination.
Alignment	_____	_____	
Refraction (if available)	_____	_____	

yes_____ no_____

Examiner(s)

date

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