



VISION SCREENING GUIDE

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SOURCES

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THE GOAL OF CHILD VISION SCREENING

The goal of vision screening is to detect poor vision or risk factors for poor vision at a time when effective therapy can be initiated. Children typically do not complain of pain or visual difficulties; however, many children with eye disease show symptoms such as a head tilt, headache, eye covering or rubbing, reading and writing delays or behavior problems. National guidelines exist on who should be screened and what screening tests can be used in an office setting, but not much exists to guide school leaders and communities on how to conduct comprehensive mass vision screening in a school setting.

Childhood vision screening is an essential component of child health assessment. For this reason, several national organizations have developed vision screening policy recommendations to assist schools and communities in conducting coordinated vision screenings. This Vision Screening Guide highlights the need and process for coordinated vision screening.

VISION PROBLEMS IN CHILDREN

Typically, vision problems can be detected early enough that correction is achievable. Without early detection, however, eye diseases such as strabismus, amblyopia and refractive error can cause harmful and lasting effects on a child's vision.

Crossed eyes, or strabismus, is a condition in which both eyes do not look at the same place at the same time. It usually occurs in those who have poor eye muscle control or are very farsighted. Strabismus can be caused by problems with the eye muscles, the nerves that transmit information to the muscles or the control center in the brain that directs eye movements. It can also develop due to other general health conditions or eye injuries.

Amblyopia is the underdevelopment of the visual cortex during infancy or early childhood that leads to decreased central vision in the affected eye. If left untreated, amblyopia can lead to permanent visual impairment and even blindness. The key to successful treatment of amblyopia is early detection.

Refractive error indicates that the shape of a person's eye causes it to bend light incorrectly, resulting in a blurred image. The main types of refractive errors are myopia (nearsightedness), hyperopia (farsightedness) and astigmatism.



A list of warning signs for potential vision problems is included in this Vision Screening Guide as Attachment B.

PLANNING THE SCREENING PROCESS

A vision screening is conducted most successfully when a designated vision screening coordinator works with the screening organization to work out the details of the event. This individual might be a nurse, health assistant, teacher or other person who can serve in this role. Because this coordinator is leading the screening, it is critical that the individual is trained in proper screening methods and processes. Once a coordinator has been designated, an initial meeting should be scheduled to discuss logistics and details. Team members may include the school nurse, school principal and the coordinator, as well as any other relevant people.

DETERMINE WHO WILL BE TESTED AND HOW

The vision screening process can vary from one location to another, depending on who is being tested and, in the case of a school, what grades must be tested per state mandates.

Vision screening in children is not state-mandated in Nebraska for all age groups or grades. Nebraska schools are required to conduct vision screening in grades Pre-K through 4th, 7th and 10th as part of the mandatory school health screenings outlined in Attachment A. All grades may participate, but parental consent must be obtained for students in grades that are not mandated for testing.

The screening methods used also depend on required state guidelines. The guidelines for Nebraska are as follows:

Distance Vision Screening:

- Measure each eye separately
- Screening Tools: Vision screening chart viewed at 20 feet, vision screening machine or photo vision tester (same thing or different)

Near Vision Screening:

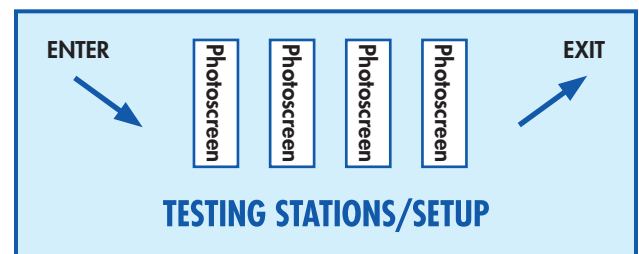
- Measure both eyes together
- Screening Tools: Vision screening chart viewed at 20 feet, vision screening machine or photo vision tester using 2.5+ diopter lens

Nebraska Department of Health and Human Services vision screening guidelines are included with this Vision Screening Guide as Attachment A.

DETERMINE THE BEST SPACE FOR THE SCREENING

Once it has been determined how many children will be tested, their ages and the methods to be used, consider what space will work best for the screening.

Although vision screenings can be conducted in a variety of settings, a large space, such as a cafeteria, gym or otherwise large room, is generally most effective and efficient. Ideally, the screening will be held in a space with adjustable lighting and adequate room for chairs and tables. It is also helpful for screening locations to have separate entrance and exit doors to ensure smooth traffic flow and to minimize distractions.



Example of efficient set-up for a vision screening

A successful screening also benefits from the assignment of volunteers and/or staff to help with traffic flow, screening and documentation of results. The number of volunteers or staff who are assigned to help conduct the screenings will also affect how many testing stations can be made available. Ideally, testing stations should be far enough apart to keep distraction to a minimum.

PARENTAL PERMISSION

Once logistics are determined, the vision screening coordinator or school nurse should share screening information with parents or guardians using typical channels: letter, newsletter, social media post or handbook. Parents should be offered the choice to not have their child screened, and directions for the opt-out process should be included with the explanation of the vision screening process. Parents should also be informed about the process if their child experiences difficulty in passing the screening and/or is identified as needing a referral.

This packet includes sample parent/guardian notification of screening letters in both English and Spanish (see attachments D/E).

PREPARING STUDENTS

Explaining the screening methods to children can help set the tone and expectations for testing. The method of preparation depends upon the age and developmental abilities of the child, and requires the cooperation of the child being screened. Rather than saying the screening will determine if they need glasses or something is wrong with their eyes, the focus should be on the screening as a simple test to understand how their eyes are working. When using a photoscreener as a tool, it can be helpful to describe it as something that is taking a picture of the child's eye, so as to decrease anxiety and make the tool as non-threatening as possible.



SCREENING TOOLS

There are four general categories of vision screening tools: vision screening charts, vision screening machines, stereopsis test and observation. In Nebraska, schools are required to use either a vision screening chart or machine to screen students. The stereopsis test and observations can be added to give a more complete vision screening assessment. Each of the vision screening tools are described in detail below.

In addition to the tools listed below, proper eye patching may be helpful, depending on the chosen screening tool. Playfully instruct the child not to peek! An adhesive patch can be easier to use with younger children.

As with much of everyday life, technology now plays a key role in vision screening processes. The tools listed here represent some of the tools and resources available.

Vision Screening Chart

The most commonly used screening charts are the Snellen chart, LEA Symbols Test and binocular cards.

Snellen Chart

The Snellen chart is very familiar to most of us. It usually shows 11 rows of capital letters. The first line has one very large letter, and each row after that has increasing numbers of letters that are smaller in size.

Lea Symbols Chart

The Lea Visual Acuity Test System is the only complete set of visual acuity tests for near and far distance vision for all patient groups 18 months and over. The tests are based on four symbols that blur equally at the threshold. The tests are designed to create a play situation where the child never experiences failure. When no longer correctly recognized, the symbols transform into circles appropriately called “rings” or “balls” by the child. The child can still perceive that he/she is answering “correctly”, while the examiner can easily detect the acuity threshold.

Rosenbaum Screener

The Rosenbaum Pocket Vision Screener assesses an individual’s visual acuity (VA). The patient holds the evenly illuminated card 14 inches away from their eyes. The patient’s right eye is always examined first, so the patient covers their left eye and reads each letter or word on the line of smallest characters that are legible on the card. The process is repeated on the left side, and then with both eyes. If the child wears glasses, they should wear them during screening.



Vision Screening Machines

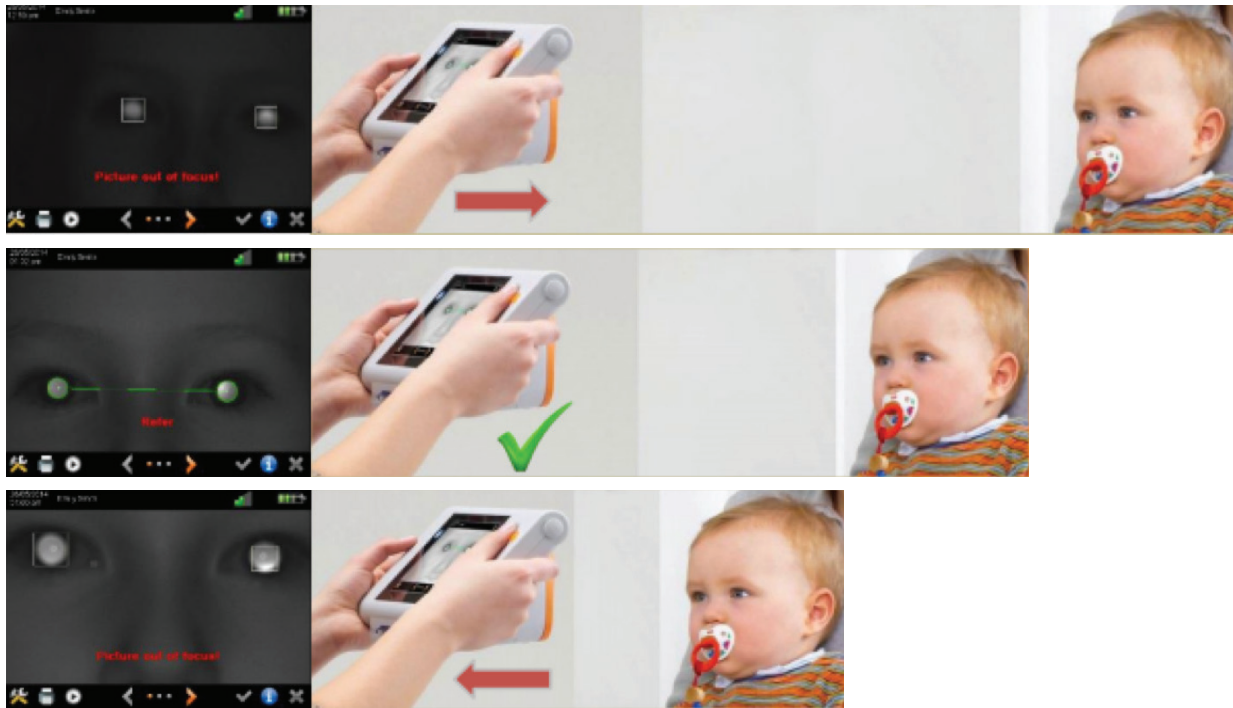
Vision screening is most often conducted using a visual screening machine called a photoscreener, which is easily operated by any user following simple training. A few examples of vision photoscreeners include the Spot Vision Screener, iScreen, PlusOptix and the Smile Stereo screening, which is used commonly in preschool vision screenings.

One of the more common photoscreeners used with children is the PlusOptix photoscreener. PlusOptix measures the eye’s sphere, cylinder and axis; pupil diameter and distance; and symmetry of corneal reflexes. With these measurement values, it is possible to detect the most prevalent childhood vision disorders. When the determined measurement values are compared to age-specific thresholds, a Pass or Refer result is displayed. Children with a Refer result should be sent to an eye care professional for an eye examination.

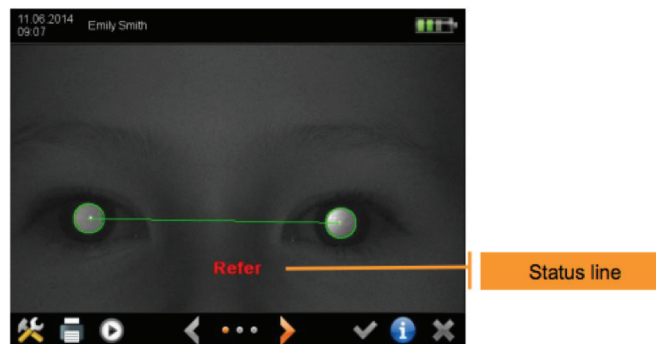
PLUSOPTIX TEST

To begin screening a child using the PlusOptix device, the tester enters the child's date of birth, first name and last name. The tester then clicks on the green checkmark, then on the Go button.

The tester then aligns the device as the image below shows. Proper distance from the child, alignment of the device with the child's eyes and lighting of the room are keys to a successful reading. A "picture out of focus" reading will appear if adjustments are needed. See the first picture in row one and row two. The goal is to acquire two green circles around the pupils of the child's eyes, as seen in this first picture on row two below. To help get correct alignment, playfully instruct the child to look at the smiley face of the camera.



Once the device has successfully read the child's eyes, an image like the one below will appear. The tester will see a Pass, Refer or Measurement Incomplete indication.



Using this information, the organization may refer children identified as needing a comprehensive eye exam.

STEREOPSIS TEST

A stereopsis test, used to determine depth perception, is administered using two chairs – one for the tester and one for the student – a small table and a folding, tablet-like device called The Fly Stereo Acuity Booklet. The booklet is used to test a student's ability to perceive spatial relationships, distances between objects and three dimensions.

The tester asks the student to put on polarized glasses/viewers (over prescription glasses, if worn) and then holds the booklet open to page 1, at eye-level about 16 inches in front of the student. On the booklet screen is a large image of a fly – easily recognized by most children.



Tilting the booklet screen to avoid glare, the tester asks the student if they can see the fly, whose wings should appear to be 3-dimensional, popping off the screen. Next, the tester asks and demonstrates to the student to pinch the wings of the fly and notes if the student's fingers pinch in front of the screen or on the screen. To pass the test, a student must be able to pinch the wings of the fly in front of the screen without touching the screen. Sterilization of the booklet and polarized glasses is recommended after each student's use, to prevent the spread of illness.



AFTER-SCREENING CLEAN-UP & DOCUMENTATION

After the screening is complete, it is proper protocol to sanitize all screening method items. Results should be collected and placed in a secure envelope, as they contain student information. Calculation of Pass, Refer and other observations made via screening methods should be documented and tallied. These results should then be placed in the hands of the vision screening coordinator and/or school nurse, who will determine what channel is best for communicating with parents.

REFERRAL AND FOLLOW UP

Parents of children who receive a referral may then determine next steps. Further care options for their child will depend on what is available in the community being served. If the child has a current eye doctor or optometrist, the parent may seek that physician's care, care from another provider or, if applicable, a mobile vision provider.

If the child does not have a current eye doctor or optometrist, please encourage them to review Attachment F for a list of Omaha-area providers, all of whom accept payment via Medicaid. These lists are updated each year.

In some communities, a mobile vision clinic may be an option. Providing a comprehensive exam via a mobile clinic may help to remove transportation barriers, as the parent and child are not required to travel to a clinic. A mobile vision clinic may not be an option in all areas, so it is best to determine what resources are available locally.

PROGRAM EVALUATION

After vision screening takes place, those involved should conduct a thorough review of the process and evaluate necessary steps for improvement. In some cases – when the planning, screening, referral and follow-up go smoothly – no further action may be needed.



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ATTACHMENT 1: DHHS MINIMUM REQUIRED ANNUAL SCHOOL HEALTH SCREENINGS

SCREENING by Grade or Age Level <i>For procedural guidelines and competencies for each screening, see DHHS School Health Guidelines for Nebraska Schools.</i>	Age 3-5 yrs	K	1	2	3	4	5	6	7	8	9	10	11	12
HEARING: pure tone audiometry	annually	X	X	X	X	X			X			X		
VISION: distance	annually	X	X	X	X	X			X			X		
VISION: hyperopia (near vision)	annually	x	X	x	X	x								
DENTAL: inspection of teeth	annually	X	X	X	X	X			X			X		
HEIGHT/WEIGHT measurement	annually	X	X	X	X	X			X			X		
Physical Examination <i>By physician, physician assistant, or advanced practice registered nurse</i>		X							X					
Visual Evaluation <i>By physician, physician assistant, advanced practice registered nurse, or optometrist.</i>		X												
Additional Indications for Screening:	<ol style="list-style-type: none"> New to district at any time, with no previous screening results available. Student enters the Student Assistance Process, with no recent or current screening results available. Periodic screenings as specified by the student's Individualized Education Plan (IEP) Nurse concern, i.e. sudden wt. loss/gain, change in stature or appearance; parent or teacher concern; audiologist referral. Unremediated concerns from previous year. 													
Notes:	<ol style="list-style-type: none"> The student with known hearing or vision deficits may not need periodic screenings for these conditions. This will be determined on an individual basis by the child's Individualized Education Plan (IEP) and/or school personnel following the student. Screening results may be taken from physical examination, visual evaluation, or dental examination reports if equivalent screening results are available and documented. If parent/guardian wishes to refuse school health screening, parents/guardian must submit written statement(s) from a qualified examiner that the child has received the minimum required screenings within the past six months or the child will be screened at school. 													

ATTACHMENT 2B: MYOPIA (DISTANT VISION) SCREENING COMPETENCIES

**VISION SCREENING COMPETENCIES: MYOPIA (DISTANT VISION)
 Essential Steps for Accurate Measurement**

COMPETENCY	KEY POINTS AND PRECAUTIONS
<p>1. Assemble required equipment and supplies. Prepare screening environment.</p> <p>Measure a distance of 20 ft. or 10 ft. from the chart to the location where students will stand for screening. (The correct distance is determined from information on the screening chart.) Mark the distance clearly.</p> <p>The screening area should be quiet and free from distraction. The chart should be fully illuminated, either with backlighting or in a fully lit room. No glare should fall on the chart.</p> <p>If the wall used the hang the chart is crowded with stimuli, create white space around the chart (flip chart paper) to reduce visual distraction.</p>	<p><i>Chart should be placed at height so passing line is at child's line of sight.</i></p> <p><i>For younger children, it may be helpful to have a second screener next to the child, in order to better observe and to hear the child's spoken identification of the symbol.</i></p> <p><i>For all children, screeners must be positioned in such a way as to view the child's face throughout the screening in order to detect unusual positioning or squinting, or attempts to use both eyes to see.</i></p> <p><i>If using Titmus, Optec, or Keystone telebinocular or other technologies: obtain equivalent screening results, expressed in acuity measure at 20 ft. for each eye separately. Note: Some types of screening equipment may not be recommended for all ages. Follow manufacturer directions closely for accurate measurements.</i></p>
<p>2. Students place their heels on the mark.</p>	<p><u><i>Students who have been prescribed glasses or contacts should wear them during screening. A notation that corrective lenses were worn should be included in documentation of the screening result.</i></u></p> <p><i>Glasses should be inspected and cleaned if necessary prior to the screening. Notification of parent of need for further evaluation is indicated if the fit of the glasses is inadequate or they are in need of repair.</i></p>
<p>3. Prescreen: before screening, confirm the child can reliably identify symbols presented.</p> <p>The primary screener stands at the chart and begins prescreening by pointing to the largest symbols at the top of the chart and asking the child to identify each.</p>	<p><i>The older child very familiar with screening practices may need little preparation for screening.</i></p> <p><i>Prescreen with both eyes uncovered</i></p> <p><i>A student's confidence may be encouraged by interacting with and receiving praise from the screener.</i></p> <p><i>The student can use any name for a symbol as long as it's used consistently.</i></p> <p><i>Very young children: screen in a setting with minimum distractions. Use handheld response cards if available to allow the child to point to the matching symbol.</i></p>
<p>4. For screening, have the student cover the left eye first. Repeat with the right eye covered.</p>	<p><i>Suggestion for occluders: child's hand, palm cupped over eye (avoid pressure on eye).</i></p> <p><i>Consistency in this technique helps assure accuracy in recording right eye results first, followed by left eye results.</i></p> <p><i>Varying the order of letter or symbol presentation may help</i></p>

ATTACHMENT A (CONTINUED)

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	<p><i>identify the child who has memorized (but may not actually see) a line.</i></p>
<p>5. Start the screening.</p> <p>For the young child, start the screening at the 20/80 line or above, pointing directly under the symbol, using a vertical pointer, without obstructing the symbol. Proceed pointing to symbols randomly as you work down the chart until reaching the passing line (one symbol per line). (i.e. 20/30 for ages 6+).</p> <p>For the older student, who needs little preparation for screening, consider starting at three lines above passing for age (20/60).</p>	<p><i>For a young child, starting at the top of the chart and moving down may help the child accommodate and focus their vision for screening.</i></p> <p><i>Observe the eye is covered. Observe and note whether the child is squinting.</i></p> <p><i>To pass a line, the child must correctly identify at least one more than half the symbols on that line.</i></p> <p><i>If the child struggles or hesitates, go to a larger line. If the child passes the larger line, offer the next smaller line again.</i></p> <p><i>Move steadily at the child's pace. For some children, vision screening is a challenging exercise of manual dexterity and/or letter comprehension. Offer encouragement and praise as the screening progresses.</i></p> <p><i>Proceed with screening to the smallest line the child can pass (referred to as screening to threshold).</i></p>
<p>6. Record results</p>	<p><i>Results are expressed as a fraction, with the numerator representing the distance of screening (20 ft., or 10 ft. expressed as 20 ft. equivalents using the measures found on the chart). The denominator is the smallest-sized line the student successfully passed by correctly reading one more than half of the symbols for that line.</i></p> <p><i>Notations should be made if the student is screened wearing glasses or contact lenses.</i></p> <p><i>Parents should be notified of need for further evaluation if screener observes behaviors or signs indicating vision concern, for example persistent squinting; head-tilt or other positioning trying to see the vision chart; unusual appearance of the eyes.</i></p>
<p>7. Carry out rescreen and notification procedures per local school practice/policy.</p>	<p><i>Students who do not pass the initial screening should be rescreened within 2-4 weeks to verify results.</i></p> <p><i>Parents of students aged 3-5 years and in kindergarten are notified of need for further evaluation when screening result in either eye is 20/50 or worse.</i></p> <p><i>Parents of students in all other grades are notified of need for further evaluation when screening result in either eye is 20/40 or worse.</i></p> <p><i>Parents of students in all grades are notified of need for further evaluation when screening results show a two line difference between the passing acuity of each eye.</i></p>

Additional information and resources are available from the DHHS School Health Program, 402-471-1373.

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ATTACHMENT 2C: MYOPIA (DISTANT VISION) AND HYPEROPIA (NEAR VISION) SCREENING COMPETENCIES USING A PHOTO VISION SCREENER

VISION SCREENING COMPETENCIES: MYOPIA (DISTANT VISION) AND HYPEROPIA (NEAR VISION) USING PHOTO VISION SCREENER

Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS AND PRECAUTIONS
1. Charge up device fully before use.	<i>Refer to user manual or instructions on device website</i>
2. Turn device power to on.	
3. Use in an environment with subdued lighting.	<i>Close blinds or drapes and turn off lighting in the room where screening will take place. The room does not need to be completely dark.</i>
4. Set up screening approximately 3 feet from the student.	<i>Student should be seated comfortably. Students may sit on a parent or caregiver's lap. Students do not need to remove eyeglasses for the screening. Students in wheelchairs can remain in their wheelchair.</i>
5. Select specific student if students' names have been pre-entered into the device. Otherwise, have a roster with student's names to record the results.	<i>See user manual for all options available on the photo vision screening device. Date of birth may be a required entry or student's age range may be selected.</i>
6. To start the screening, select go on the device.	
7. Stand with one foot ahead of the other. Slowly rotate the device upward. Locate both of student's eyes on the screen and keep the device on a level plane with the student's eyes.	<i>Ask student to look at the device. The device may have flashing lights or make a sound to attract student's attention.</i>
8. Slightly lean forward or backward to get the appropriate distance for the device. When no distance warnings are on the screen, you are in the proper distance range to do the screening.	<i>The screen should indicate if you are too close or too far from the subject.</i>
9. When the screen indicates the screening is being captured, hold the device steady until the results appear.	<i>The capture is less than 1 second. If you are unable to capture the student's pupils, the measurement will be stopped. At this point you can retry the screening. A common reason that the screening was not successful, is that the student's pupils are too small. When this happens, the device will notify you and suggest you adjust the room lighting.</i>
10. The results screen will appear at the end of the successful screening process.	<i>Passing results will indicate screening complete. Screening results that are not passing are indicated with red highlights and "Complete eye exam recommended" will appear on the screen.</i>
11. Record the student's results.	
12. Notify parents of non-passing results.	

Additional information and resources are available from the DHHS School Health Program, 402-471-1373.

ATTACHMENT 2D: HYPEROPIA (NEAR VISION) SCREENING COMPETENCIES

**VISION SCREENING COMPETENCIES: NEAR VISION
 Essential Steps for Accurate Measurement**

COMPETENCY	KEY POINTS AND PRECAUTIONS
<p>1. Assemble required equipment and supplies.</p> <p>In addition to eye chart and accurate floor distance measurement, as required for distant vision screening, this screening also requires the use of +2.50 diopter lenses, suitable for the student holding in front of their eyes to view the vision chart.</p>	<p><i>Hyperopia screening can be conducted smoothly and efficiently as a final step in distant vision assessment, taking very little additional time and preparation.</i></p>
<p>2. After the child completes distant vision screening, instruct him or her to remain in place, heels on the line of measurement from the chart, and briefly close and rest the eyes.</p> <p>The child is instructed (or provided demonstration) of holding up the diopter lenses in front of the eyes as one would hold opera glasses.</p> <p>Correct recognition of more than half the letters, pictures or symbols on the 20/30 line, viewed through the diopter lenses, constitutes a “non-passing” result.</p>	<p><i>Screening under poor lighting will affect screening results.</i></p> <p><i>Monocular testing for distant vision may fatigue the eyes, so many students benefit from briefly closing both eyes.</i></p> <p><i>Some nurses find it helpful, on noticing that a child is struggling or straining to read letters on the chart, to simply ask the question: “Are the letters clear or are they blurry?” (Students who pass the test often comment that the letters are blurry.)</i></p> <p><i>If the student wears glasses, the glasses remain on for near vision screening and the diopter lenses are held in front of the student’s own glasses.</i></p> <p><i>The inability to read the 20/30 line is considered passing and the child likely has no treatable hyperopia.</i></p>
<p>3. Record results</p>	<p><i>A child who can successfully read through the diopter lenses does NOT pass the screening.</i></p> <p><i>Rescreening should be conducted in 2-4 weeks to verify results prior to referral.</i></p>
<p>4. Carry out rescreen and notification procedures per local school practice/policy</p>	<p><i>Parents should be notified of need for further evaluation by a vision professional if rescreening results in non-passing outcome.</i></p>

Additional information and resources are available from the DHHS School Health Program, 402-471-1373.

ATTACHMENT B

GUIDE TO WARNING SIGNS OF A POTENTIAL VISION PROBLEM

If the following problems have been observed in a student, it may indicate a vision problem that may impair a student's ability to learn in school.

Teacher Observation:

- Loses place often while reading
- Rereads or skips lines unknowingly
- Avoids near work
- Reads at a level below what is expected
- Easily fatigued by desk activities/reading
- Makes errors in copying
- Rubs eyes during or after short periods of reading
- Shows poor comprehension or recall of reading material
- Has a short attention span and is prone to daydreaming
- Transposes letters and numbers
- Uses finger to keep place while reading
- Shows decreased performance in sports
- Shows decreased scholastic performance
- Shows poor eye-hand coordination
- Misaligns digits in columns
- Places head close to desk or book when reading
- Blinks excessively during reading
- Squints to see chalkboard
- Tilts or turns head to see
- Does not use voice inflection when reading

Appearance of Eyes:

- One eye turns in or out (at any time)
- Reddened or encrusted eyes or lids

Student complains of:

- Headaches, nausea, dizziness
- Blurred vision
- Other vision problems

These problems may indicate vision problems that could be making it more difficult for a student to learn. Many of these problems can be helped with glasses, contacts or vision therapy. Please note that the vision screening done in school only tests for a limited range of potential vision problems. It does not test for all of the problems listed on the form and is not meant to be a substitute for a professional eye exam. Students may be referred for a full eye exam if needed.

Please record all observations on the screening result spreadsheet found on the next page (Attachment C). If a non-mandated grade, please provide student with a district consent form to participate in screening.

ATTACHMENT C: TEACHER OBSERVATIONS

Class Name:

Student Name	Concerns	Glasses Y/N

ATTACHMENT D: SCREENING RESULT SPREADSHEET

Column 1	ID #	Last	First	GRD	DOB	Teacher	Photo Screener	Glasses/Observations
Student #	Last Name	First Name	Grade	DOB	Teacher	Pass - Refer - Unable - Inconclusive	Yes - Yes, Not With - No	



Dear Parent/Guardian,

Congratulations! Your student's school has been selected to participate in a vision screening event conducted by Children's Nebraska, Omaha Public Schools and local nursing colleges.

The screening event will be held at: _____

****If your student already has glasses or contacts, PLEASE make sure they wear them on the screening day listed above.*** The screener and the Plusoptix vision screening device can then assure the student has the ability to focus and that eyes are aligned.

Following the screening, results will be shared with the school nurse, who will share with the parent/guardian should there be a potential issue. If a comprehensive eye exam is needed, parents/guardians will have the opportunity to determine the best route of care for their child.

We look forward to serving your student to ensure their vision is of the highest quality and making sure the ability to learn is unimpeded.

If you have questions regarding the Vision Screening event, please contact: _____

Thank you!

Estimado Padre/Tutor,

¡Felicidades! La escuela de su estudiante ha sido seleccionada para participar en un evento de evaluación de la vista realizado por Children's Nebraska, Omaha Public Schools (escuelas públicas de Omaha por sus siglas en inglés) y las universidades de enfermería locales.

El evento de la evaluación se llevará a cabo en: _____

***Si su estudiante ya tiene lentes o lentes de contacto, POR FAVOR, asegúrese de que se los pongan en el día de la evaluación como se le indicó anteriormente.** Al hacerlo, la evaluación y el dispositivo de evaluación de la vista Plusoptix puede asegurar si el estudiante tiene la capacidad de concentrarse y si los ojos están alineados.

Después de la evaluación, los resultados se compartirán con la enfermera de la escuela, que luego la compartirá con el padre/tutor en caso de que haya algún problema. Si luego se necesita un examen ocular completo, los padres/tutores tendrán la oportunidad de determinar cuál es la mejor vía de atención para su hijo.

¡Esperamos poder servirle a su estudiante para asegurar que su vista sea de la calidad más alta y que tengan oportunidades para optimizar su aprendizaje!

Si tiene preguntas sobre el evento de Vision Screening, comuníquese con: _____

¡Gracias!

ATTACHMENT G

OMAHA METRO-AREA VISION PROVIDER RESOURCES

Below is a brief list of local vision providers who accept most insurance plans, including Heritage Health plans (Medicaid). Please confirm the provider accepts your form of insurance before scheduling an appointment.

NORTHEAST DOUGLAS COUNTY

Walmart Vision Center

5018 Ames Ave.
Omaha, NE 68104
402-970-9306

Torrison Eye Care Inc.

6675 Sorensen Pkwy.
Omaha, NE 68152
402-392-1646

Illusions Eyewear LLC

8616 N. 30TH St.
Omaha, NE 68112
402-451-1717

EAST CENTRAL DOUGLAS COUNTY

Carlson Optical Inc.

513 S. 13th
Omaha, NE 68102
402-344-0219

Midwest Eye Care

4353 Dodge
Omaha, NE 68131
402-552-2020

NORTHWEST DOUGLAS COUNTY

Midwest Eye Care

13500 California St.
Omaha, NE 68101
402-552-2020

Malbar Vision

10114 Maple St.
Omaha, NE 68134
402-571-8888

Walmart Vision Center

16960 West Maple Rd.
Omaha, NE 68116
402-289-9312

Walmart Vision Center

6304 N. 99th St.
Omaha, NE 68134
402-492-9440

Malbar Vision

16016 Evans St., Ste. 101
Omaha, NE 68116
402-493-3224

Commercial Optical

513 S. 13th
Omaha, NE 68164
402-344-0219

WEST CENTRAL DOUGLAS COUNTY

Children's Nebraska

8200 Dodge St.
Omaha, NE 68114
402-955-8294

Good Life Eyecare

15655 Pacific St., Ste. 101
Omaha, NE 68118
402-697-5122

Pearl Vision/ Focused Eye Care

7827 Dodge St.
Omaha, NE 68114
402-390-2000

Nebraska Medicine Truhlsen Eye Institute at Village Pointe Health Center

110 N. 175th St., #2700
Omaha, NE 68118
402-596-4600

Heartland Eye Consultants

9900 Nicholas St., Ste. 250
Omaha, NE 68114
402-493-6500

Midwest Eye Care

13500 California St.
Omaha, NE 68154
402-552-2020

Malbar Vision

409 N. 78th St., Tower Plz.
Omaha, NE 68114
402-391-6600

Omaha Eye & Laser Institute

11606 Nicholas St
Omaha, NE 68154
402-493-2020

Pediatric Ophthalmology Associates

515 N. 98th St.
Omaha, NE 68114
402-399-9400

Provision Eyecare

713 N. 114th St.
Omaha, NE 68154
402-991-3131

Visual Eyes Optical

515 N. 98th St., Ste. 2
Omaha, NE 68114
402-955-2020

ATTACHMENT G (CONTINUED)

SOUTHEAST DOUGLAS COUNTY

Truhlsen Eye Institute

3902 Leavenworth St.
Omaha, NE 68105
402-559-2020

Think Whole Person Aksarben

7100 W. Center Rd.
Omaha, NE 68106
402-506-9000

Midtown Eyecare

5011 Grover
Omaha, NE 68106
402-553-1999

SOUTHWEST DOUGLAS COUNTY

Eye Consultants

8141 W. Center Rd.,
Ste. 100
Omaha, NE 68124
402-391-1100

Midwest Eye Care

18111 Q St.
Omaha, NE 68135
402-552-2020

Omaha Center For Sight

2805 S. 88th St., Ste. 102
Omaha, NE 68124
402-933-5616

Focused Eye Care

12330 K Plz., Ste 109
Omaha, NE 68137
402-390-2000

Shopko Optical

3044 S. 84th St.
Omaha, NE 68124
402-391-1143

Walmart – Vision Center

12850 L St.
Omaha, NE 68137
402-697-1852

Walmart – Vision Center

1606 S. 72nd St.
Omaha, NE 68124
402-393-9576

Eye Care West

14760 W. Center Rd.
Omaha, NE 68144
402-334-9100

Walmart – Vision Center

18201 Wright St.
Omaha, NE 68130
402-330-4349

Malbar Vision

2545 S. 132 St.
Omaha, NE 68144
402-330-4330

ModernEyes Eyecare + Eyewear

19060 Q St., Suite 107
Omaha, NE 68135
402-807-3937

Shopko Optical

14445 W. Center Rd.
Omaha, NE 68144
402-333-7462

SARPY COUNTY

Bellevue Vision Clinic

1810 Wilshire Dr.
Bellevue, NE 68005
402-291-6133

Malbar Vision

8102 S 84 St.
La Vista, NE 68128
877-457-6485

Shopko Optical

601 Galvin Road
Bellevue, NE 68005
402-293-1840

Midwest Eye Care

7202 Giles Rd., Ste. 3
La Vista, NE 68128
402-552-2020

Walmart – Vision Center

10504 S. 15th St.
Bellevue, NE 68123
402-292-0651

Urban Eyes

8146 S. 96th St., Ste. 400
La Vista, NE 68128
402-932-8007

Urban Eyes

3906 Twin Creek Dr.,
Ste 102
Bellevue, NE 68123
402-932-8007

Walmart – Vision Center

8525 S. 71st St Plaza
Papillion, NE 68133
402-597-8900

WASHINGTON COUNTY

Vision Care Clinic

210 S. 17th St.
Blair, NE 68008
402-426-2119

MOBILE VISION CARE

Visionmobile

Visionmobile@ChildrensNebraska.org

**A full list of Heritage Health providers is available at:
neheritagehealth.com/provider/search**

This listing was compiled by Children's Nebraska's Ophthalmology and Community Health & Advocacy departments.

ATTACHMENT H

RECURSOS EN EL ÁREA METROPOLITANA DE OMAHA PARA PROVEEDORES MÉDICOS PARA LA VISIÓN

A continuación se incluye una breve lista de proveedores médicos para la visión localmente que aceptan la mayoría de los planes de seguro, incluyendo los planes Heritage Health (Medicaid). Por favor, confirme que el proveedor médico acepta su forma de seguro médico antes de programar una cita..

CONDADO NORESTE DE DOUGLAS

Walmart Vision Center

5018 Ames Ave.
Omaha, NE 68104
402-970-9306

Torrison Eye Care Inc.

6675 Sorensen Pkwy.
Omaha, NE 68152
402-392-1646

Illusions Eyewear LLC

8616 N. 30TH St.
Omaha, NE 68112
402-451-1717

CONDADO ESTE CENTRAL DE DOUGLAS

Carlson Optical Inc.

513 S. 13th
Omaha, NE 68102
402-344-0219

Midwest Eye Care

4353 Dodge
Omaha, NE 68131
402-552-2020

CONDADO NOROESTE DE DOUGLAS

Midwest Eye Care

13500 California St.
Omaha, NE 68010
402-552-2020

Malbar Vision

10114 Maple St.
Omaha, NE 68134
402-571-8888

Walmart Vision Center

16960 West Maple Rd.
Omaha, NE 68116
402-289-9312

Walmart Vision Center

6304 N. 99th St.
Omaha, NE 68134
402-492-9440

Malbar Vision

16016 Evans St., Ste. 101
Omaha, NE 68116
402-493-3224

Commercial Optical

513 S. 13th
Omaha, NE 68164
402-344-0219

CONDADO OESTE CENTRAL DE DOUGLAS

Children's Nebraska

8200 Dodge St.
Omaha, NE 68114
402-955-8294

Good Life Eyecare

15655 Pacific St., Ste. 101
Omaha, NE 68118
402-697-5122

Pearl Vision/ Focused Eye Care

7827 Dodge St.
Omaha, NE 68114
402-390-2000

Nebraska Medicine Truhlsen Eye Institute at Village Pointe Health Center

110 N. 175th St., #2700
Omaha, NE 68118
402-596-4600

Heartland Eye Consultants

9900 Nicholas St., Ste. 250
Omaha, NE 68114
402-493-6500

Midwest Eye Care

13500 California St.
Omaha, NE 68154
402-552-2020

Malbar Vision

409 N. 78th St., Tower Plz.
Omaha, NE 68114
402-391-6600

Omaha Eye & Laser Institute

11606 Nicholas St
Omaha, NE 68154
402-493-2020

Pediatric Ophthalmology Associates

515 N. 98th St.
Omaha, NE 68114
402-399-9400

Provision Eyecare

713 N. 114th St.
Omaha, NE 68154
402-991-3131

Visual Eyes Optical

515 N. 98th St., Ste. 2
Omaha, NE 68114
402-955-2020

ATTACHMENT H (CONTINUED)

CONDADO SURESTE DE DOUGLAS

Truhlsen Eye Institute

3902 Leavenworth St.
Omaha, NE 68105
402-559-2020

Think Whole Person Aksarben

7100 W. Center Rd.
Omaha, NE 68106
402-506-9000

Midtown Eyecare

5011 Grover
Omaha, NE 68106
402-553-1999

CONDADO SUROESTE DE DOUGLAS

Eye Consultants

8141 W. Center Rd.,
Ste. 100
Omaha, NE 68124
402-391-1100

Midwest Eye Care

18111 Q St.
Omaha, NE 68135
402-552-2020

Omaha Center For Sight

2805 S. 88th St., Ste. 102
Omaha, NE 68124
402-933-5616

Focused Eye Care

12330 K Plz., Ste 109
Omaha, NE 68137
402-390-2000

Shopko Optical

3044 S. 84th St.
Omaha, NE 68124
402-391-1143

Walmart – Vision Center

12850 L St.
Omaha, NE 68137
402-697-1852

Walmart – Vision Center

1606 S. 72nd St.
Omaha, NE 68124
402-393-9576

Eye Care West

14760 W. Center Rd.
Omaha, NE 68144
402-334-9100

Walmart – Vision Center

18201 Wright St.
Omaha, NE 68130
402-330-4349

Malbar Vision

2545 S. 132 St.
Omaha, NE 68144
402-330-4330

ModernEyes Eyecare + Eyewear

19060 Q St., Suite 107
Omaha, NE 68135
402-807-3937

Shopko Optical

14445 W. Center Rd.
Omaha, NE 68144
402-333-7462

CONDADO DE SARPY

Bellevue Vision Clinic

1810 Wilshire Dr.
Bellevue, NE 68005
402-291-6133

Malbar Vision

8102 S 84 St.
La Vista, NE 68128
877-457-6485

Shopko Optical

601 Galvin Road
Bellevue, NE 68005
402-293-1840

Midwest Eye Care

7202 Giles Rd., Ste. 3
La Vista, NE 68128
402-552-2020

Walmart – Vision Center

10504 S. 15th St.
Bellevue, NE 68123
402-292-0651

Urban Eyes

8146 S. 96th St., Ste. 400
La Vista, NE 68128
402-932-8007

Urban Eyes

3906 Twin Creek Dr.,
Ste 102
Bellevue, NE 68123
402-932-8007

Walmart – Vision Center

8525 S. 71st St Plaza
Papillion, NE 68133
402-597-8900

CONDADO DE WASHINGTON

Vision Care Clinic

210 S. 17th St.
Blair, NE 68008
402-426-2119

MOBILE VISION CARE

Visionmobile

Visionmobile@ChildrensNebraska.org

Proveedores de Heritage Health se encuentra disponible en: neheritagehealth.com/provider/search

Esta lista elaborado por el departamentos de Oftalmología y Community Health & Advocacy de Children's Nebraska.

ATTACHMENT I: SAMPLE SCHEDULE

Screening Date:

Time	Teacher	Grade
9:15 a.m.		
9:20 a.m.		
9:25 a.m.		
9:30 a.m.		
9:35 a.m.		
9:40 a.m.		
9:45 a.m.		
9:50 a.m.		
9:55 a.m.		
10:00 a.m.		
10:05 a.m.		
10:10 a.m.		
10:15 a.m.		
10:20 a.m.		
10:25 a.m.		
10:30 a.m.		
10:35 a.m.		
10:40 a.m.		
10:45 a.m.		
10:50 a.m.		
10:55 a.m.		
11:00 a.m.		
11:05 a.m.		
11:10 a.m.		
11:15 a.m.		
11:20 a.m.		
11:25 a.m.		
11:30 a.m.		
11:35 a.m.		
11:40 a.m.		
11:45 a.m.		
11:50 a.m.		
11:55 a.m.		

**Teachers are to bring their class lists with their observations made and NAME TAGS on their students!

ATTACHMENT I (CONTINUED)

Screening Date:

Time	Teacher	Grade
9:15 a.m.		
9:25 a.m.		
9:35 a.m.		
9:45 a.m.		
9:55 a.m.		
10:05 a.m.		
10:15 a.m.		
10:25 a.m.		
10:35 a.m.		
10:45 a.m.		
10:55 a.m.		
11:05 a.m.		
11:15 a.m.		
11:25 a.m.		
11:35 a.m.		
11:45 a.m.		
11:55 a.m.		
12:05 p.m.		

**Teachers are to bring their class lists with their observations made and NAME TAGS on their students!