

Vision Screenings Frequently Asked Questions

What is vision screening?

The purpose of a vision screening is to identify vision problems in a treatable stage, provide education, and provide a referral to an eye care provider for a comprehensive eye exam (if needed). The vision screening should be conducted by an individual that has completed a training and certification program from a recognized certifying agency (Prevent Blindness). The screening must include use of age-appropriate, scientifically validated devices/approaches, provide understandable results to the person (or caretakers of the person) being screened, and have a defined follow-up to care component to ensure follow-through on the referral. Further, it is always pointed out during a Prevent Blindness-certified screening that a screening is not an exam and should not be seen as replacing one.

Helpful Link: <https://www.preventblindness.org/vision-screenings-and-eye-exams>

What is a Functional Vision Assessment/Evaluation?

(Conducted by a Certified Teacher of the Visually Impaired)

A functional vision evaluation (FVE), also called a functional vision assessment (FVA) is an evaluation of the day-to-day visual skills of an individual who is visually impaired. A Functional Vision Evaluation is required for Visual Impairment and Blindness Eligibility. The purpose of the Functional Vision Evaluation is to supplement the results of the clinical eye exam with descriptions of the student's observable behaviors that may relate to vision. Unlike a clinical eye exam, the purpose of an FVA is not to diagnose a medical condition or to prescribe a therapeutic treatment such as patching, surgery, or medication but is to determine how the student's vision impacts him/her. This includes what material and instructional adaptations are necessary and areas in which the student will need to receive instruction.

Helpful Link: <https://www.teachingvisuallyimpaired.com/what-is-the-fve.html>

What is a Low Vision Evaluation?

The results of the Functional Vision Evaluation may indicate there is a need for a Clinical Low Vision Evaluation. The Clinical Low Vision Evaluation differs from the medical examination from an optometrist or ophthalmologist in that it provides functional, usable information about the visual abilities of an individual who has low vision. The evaluation focuses on verifying the student's visual acuity and on finding ways to enhance the student's visual functioning.

A combination of the Functional Vision Evaluation and Reading Media Assessment will determine if the student's primary mode is print. A low vision evaluation will further determine if optical aids will provide the student with low vision devices to access print. If devices are recommended, the Teacher of the Visually Impaired will need to instruct the student in the use of low vision devices.

(The Low Vision Evaluation shall be completed by a Low Vision Optometrist)

Helpful Link: <https://www.teachingvisuallyimpaired.com/clinical-low-vision-evaluation.html>

Can screenings be for near vision only?

The current scientific literature has little to no evidence to support near visual acuity screening and most vision experts do not believe near visual acuity screening is necessary as a part of a mass screening program in a school- or community-based setting. It is the consensus of the Prevent Blindness expert workgroup that adding near acuity testing will increase the amount of time required for a vision screening and will result in a low yield for near visual acuity problems relative to the amount of effort required.

Helpful Link: <https://www.preventblindness.org/vision-screenings-and-eye-exams>

Describe the methods that are suggested for screening the vision of young children.

See the link below! Appendix A (for eye charts) meets the national and international guidelines for eye chart design. Lea Symbols and Sloan Letter charts meet all of the requirements.

Helpful Link:
<https://www.preventblindness.org/sites/default/files/national/positions/Prevent%20Blindness%20Statements%20on%20School-aged%20Vision%20Screening%20%20Approved%208-2015.pdf>

Who should conduct the vision screenings?

The Prevent Blindness Children's Vision Screening Certification Course provides participants with a 3-year, nationally recognized certificate based on current national guidelines and best practices on evidence-based vision screening tools and procedures for school- and preschool-aged children.

Which Children should bypass a vision screening?

Vision screening identifies asymptomatic children with possible vision deficits who, then, require a comprehensive eye examination for diagnosis and treatment. Certain children should bypass vision screening and, instead, be referred directly to an optometrist or ophthalmologist for a comprehensive eye examination because these children have a higher rate of vision problems. Children who should bypass vision screening include those with:

- Readily recognized eye abnormalities, such as strabismus or ptosis.
- A known diagnosis of a neurodevelopmental disorder (e.g., hearing impairment, motor abnormalities such as cerebral palsy, cognitive impairment, autism spectrum disorders, or speech delay).
- Systemic diseases known to have associated eye disorders (e.g., diabetes and juvenile rheumatoid arthritis).
- A known family history of a first-degree relative with strabismus, amblyopia, or high refractive error.
- A history of premature birth and low birthweight (<31 weeks and 1,500 grams birthweight) who has not already had a normal comprehensive eye examination.
- Parents (or caregivers) who believe their child has a vision-related problem or have concerns regarding their child's reaching age-appropriate developmental or academic milestones.

Helpful Link: <https://www.preventblindness.org/prevent-blindness-childrens-vision-screening-certification-course>

How do we screen students with the most severe cognitive disabilities? (American Academy of Pediatrics)

Many children with neurodevelopmental disabilities such as cerebral palsy and spina bifida have deficits in their senses, with vision impairment perhaps being the most limiting to successful participation in life.

Several studies have found that vision care represents one of the greatest unmet needs for children with special health care needs. In addition, infants and toddlers who are socially at risk with functional vision difficulties make up one of the highest subgroups of developmental vulnerability.

Examination of the eyes is a routine part of a well-child check. Thus, pediatricians are in a unique position to detect vision impairment in children with neurodevelopmental disabilities and ensure that appropriate referrals and intervention occur and classroom accommodations are made.

In January 2016, the Academy published a clinical report and policy statement that provide guidance on how to evaluate and when to refer children for full ophthalmologic evaluation (see resources). The documents, issued along with the American Association of Certified Orthoptists, the American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Ophthalmology, emphasize that ocular problems can be the initial manifestation of systemic or neurologic disease such as retinoblastoma or neuroblastoma in addition to identifying vision-threatening ocular conditions.

(Obtain a medical statement from the child's primary pediatrician.)

<https://www.aappublications.org/news/2017/04/27/Vision042717>

How will some of our parents pay for the visit? Transportation?

If the student has not been to the primary physician, the district would ultimately be responsible for the evaluation.