

Module: **Assessment of Infants and Toddlers With
Visual Impairments**

Session 1: Legal Basis and Overview of Recommended Practices

Handout B: Recommended Practices for Vision Screening of Children Ages Birth to Five Years

XVIII International Preschool Seminar. (1997, Spring). *Recommended practices for vision screening of children ages birth to five years* (Rev. ed.). Unpublished document. (Available from The University of North Carolina at Chapel Hill, FPG Child Development Institute, Early Intervention Training Center for Infants and Toddlers With Visual Impairments)

RECOMMENDED PRACTICES FOR VISION SCREENING OF CHILDREN AGES
BIRTH TO FIVE YEARS

ALL CHILDREN ARE SCREENABLE!

This document was written to provide guidelines for the development and refinement of vision screening practices of young children, including those who are preverbal or nonverbal.

WHO SHOULD BE SCREENED?

All children should be screened for possible vision problems, especially those under the age of three with a suspected or identified risk factor, regardless of severity.

WHAT ARE RISK FACTORS FOR VISUAL IMPAIRMENT?

- Any child whose parent/caregiver/teacher has concerns regarding visual development.
- Any child who has the following medical conditions and or diagnoses:
 - √ family history of amblyopia, strabismus, and any congenital ocular abnormality
 - √ prenatal virus
 - √ prenatal exposure to drugs, alcohol, and/or environmental hazards

- √ prematurity and/or low birth weight
- √ cerebral palsy
- √ hearing loss
- √ syndrome
- √ traumatic brain injury
- √ postnatal infection
- √ receives an ongoing medication such as an anticonvulsant

WHO SHOULD CONDUCT THE SCREENING?

The initial screening should be conducted by trained personnel, as determined at the local level, working with a parent/caregiver/teacher who is familiar with the child. When questions arise, the screener should then request assistance from a recognized (state/provincial) team of qualified individuals that includes appropriate educational and medical personnel.

WHAT IS THE ROLE OF THE VISION SCREENER?

- To document visual performance during the screening.
- To identify potential problems in visual development.
- To communicate the results of the screening to the family and appropriate professionals.
- To ensure the continuation of the screening process, if needed, and make referrals.
- To follow up on all referrals.

HOW SHOULD THE SCREENING BE CONDUCTED?

To begin:

- √ Establish a rapport with the child.
- √ Position the child appropriately.
- √ Allow for a variety of communication methods.
- √ Provide extra response time for the child (as needed).
- √ Use methods of observation that follow the child's lead and, if necessary, observe within the child's home or school environment.

- √ Include test items that are familiar and/or interesting to the child.
- √ Screen with a team approach (e.g., parent/caregivers/teacher).
- √ Provide opportunities for rescreening whenever the results are inconclusive due to illness, fatigue, or other confounding factors.

To test:

- √ Review the medical history of the child and his/her family noting high-risk populations, current use of medications, and significant medical findings.
- √ Elicit parent/caregiver observations of child in different natural environments. Encourage the parent/caregiver/teacher or someone who knows the child to note any concerns about the child's vision.
- √ Use screening tools that address:
 - Appearance of the child's eyes
 - Pupillary response to a light source
 - Ocular muscle balance
 - Oculomotor skills such as fixation, visual pursuit and convergence
 - Visual field
 - Near, middle, and distance acuity measurement (functional/clinical)

POSSIBLE OUTCOMES OF THE SCREENING PROCESS:

Outcome One: No problems are observed and there are no concerns of the parent/caregiver or screener. The child passes the screening and is screened again at the next recommended age.

Outcome Two: One or more of the high-risk conditions have been identified, but there are no observable problems with visual performance. On the day of the screening, information should be given to the family and the local service provider about (a) high risk indicators of visual problems; (b) how to observe visual performance; and (c) resources to contact, if vision problems are observed at a later date.

Outcome Three: A prompt referral to an eye care specialists (e.g. ophthalmologist, optometrist) should be made if:

- (a) The child has an observable eye condition such as excessive tearing, eye deviation, drooping eyelid, cataract, and so on.
- (b) The child has observable difficulty with one or more behavioral items on the screening tool.
- (c) The parent/caregiver/teacher or screener still has questions and the team is unable to make a determination of whether the child is having visual

difficulty. Remember: This does not mean that the child is untestable. It does mean the screener is responsible for referring the child onto someone else for more in-depth evaluation.

SPECIAL NOTE

Screening procedures for young children should use family-centered practices, i.e. communicating in a language that the family understands; informing families about the purpose, procedures, and results of the screening process; and gathering information from families in a simple and respectful way.

Young children can be difficult to test. Local teams are knowledgeable about the available resources in their area and should send families to the local professionals who are best qualified to handle referrals from the screening.

AVAILABLE RESOURCES

Guidelines for vision screening are available from:

- American Optometric Association
- American Academy of Ophthalmology
- American Academic of Pediatrics
- National Association of Vision Professionals
- The School Nurses Association

This document was developed by the XVII International Preschool Seminar participants in April of 1995 (Boston, MA) and revised at the XVIII International Preschool Seminar in May of 1997 (Estes Park, CO).

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