Sumter County Schools

Educator’s Screening for Vision Problems

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB.\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Instructions: Observable student response may include eye responses or head movements.

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| **Item** | **Response** |
| 1. Looks at person momentarily. |  |
| 1. Makes eye to eye contact for 2 to 3 seconds. |  |
| 1. Attends to moving object. |  |
| 1. Watches person moving directly in line of vision. |  |
| 1. Smiles to mirror image. |  |
| 1. Smiles when sees person’s face. |  |
| 1. Excitable when sees toy or person. |  |
| 1. Turns head to right in search of colorful visual. |  |
| 1. Turns head to left in search of colorful visual. |  |
| 1. Follows moving object past midline. |  |
| 1. Maintains brief periods of eye contact. |  |
| 1. Symmetrical eye movement (eyes move and focus together). |  |
| 1. Horizontal eye movement. |  |
| 1. Vertical eye movement. |  |
| 1. Circular eye movement. |  |
| 1. Eyes respond to light. |  |