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