| | | SOC | NERSIA | ART VISION SC | KEENI | NG | | Follow-up Plan Rescreen Date _ | | |
|------------|------------------|--------------------|------------------|--|---------------|----------------|-----------|-----------------------------------|--------------------|--|
| CHILD'S | NAME | | | | | _ DOB | | Referral to Dr | | |
| | | | | | | | | To Consultant _ | | |
| SIGNIFI | NERS _ CANT F | HISTORY | | | | _ DATE | = | Passed | | |
| | | | | | | | | | | |
| VISUAL | CONC | | | | | | | | | |
| OBSE | RVAT | IONS | (Circle YE | S or NO or N/A) | | | | | | |
| YES | NO | Eyes | are misali | gned | | YES | NO | Rubs eye frequent | y | |
| YES | NO | | | ince of pupil | 1 | YES | NO | Runs into furniture | • | |
| YES | NO | | r inflamed | | 1 | | | Clumsy | | |
| YES | NO | Encru | sted lids, | discharge | 1 | YES | NO | Poor eye-hand-body | | |
| YES | NO | · | | | 1 | | | coordination, difficulty | | |
| YES | NO | Eyes | of unequa | l size | 1 | | | throwing/catching ball or going | | |
| YES | NO | Jerky | eye move | ments | | N/A | | up/ downstairs | | |
| YES | NO | Squin | ts, frowns | or blinks | | YES | NO | Unusually sensitive | | |
| YES | NO | Head | tilt to one | side to see | | YES | NO NO | Very close viewing | distance | |
| YES | NO | Thrus | ting head | | YES | Avoids looking | | | | |
| | | backw | ard to see | YES NO Light gazing | | | | | | |
| Pupillary | Respo | n se • Pre | sent from birt | h. | | | | , and NO CONCERN or (| , | |
| Right Eye: | | | absent absent | sluggish sluggish | | | | concern concern | Concern Concern | |
| Using an | age-app | ropriate to | | ly towards the child's ey ot the wind created. | ves. Child s | should blir | nk in res | ponse. Make sure they are r | esponding | |
| Pass: | | YES | N | 10 | | | No | concern | Concern | |
| Blink-to-t | ouch Re | sponse : If | blink respons | e is absent, gently tap c | :hild's foreh | nead betw | een the | eyes to elicit blink-to-touch. | | |
| Pass: | | YES | Ν | 0 | | | No | concern | Concern | |
| Sitting in | front of t | he child, a | ttract his/her | 3 months; Ability of the attention with a toy held should continue to follow | at eye leve | el. From a | distanc | e of 12-16", slowly move a to | oy toward the | |
| Converge | ence: | Pass: | YES | NO | | | No | concern | Concern | |
| Divergen | ce: | Pass: | YES | NO | | | No | concern | Concern | |

Appendix R

| concern. Ho reflection of | old penlight 12-1 the penlight in th | 3" from fa | nce, directly in of both eyes; | n front of c it should l | hild's eyes. Dir be equally cent | ect the ligh ered or equ | t at the hair | | of forehead. C the nose. Dia | '- |
|--|---|------------|--------------------------------|-----------------------------|-------------------------------------|-----------------------------|---------------|---|---------------------------------|----------------------|
| the reflection | n. PASS: | | YES | ľ | 10 | NO CC | NCERN | CONC | EKN | |
| Right Ey | /e: < | | 0 | > | Left | Eye: | | | | |
| Fixation Ne | ear Fixation: Hole | d an obje | ct at 8-18" in | the child's | central field of | vision with | out cuing w | ith sound, touch o | r air moveme | nts. |
| 2 months – 4 4 months – 6 6 months – 6 | • | : | STEADY STEADY STEADY | FLEETI FLEETI FLEETI | NG | | | | | |
| Distance Fix | ration: | | | | | | | | | |
| 9 months – 4" object: | | | STEADY | FLEET | ING | | | | | |
| | F | PASS: | ` | YES | NO | | | NO CONCERN | | CONCERN |
| 6 months: fu | | ontally wi | th smooth tra | nsition ov | er midline. 10 | | | orizontally without | • | |
| Horizontal: | smooth | jerky | | eyes only | head & eyes | | | NO CONCERN | | CONCERN |
| Vertical: | smooth | jerky | | eyes only | head & eyes | | | NO CONCERN | | CONCERN |
| Circular: | smooth | jerky | | eyes only | head & eyes | | | NO CONCERN | | CONCERN |
| Diagonal: | smooth | jerky | 6 | eyes only | head & eyes | | | NO CONCERN | | CONCERN |
| | | | it 10" in front | of him/her | at about 6" apa | | | | ntion and note | presence of shift of |
| | | | , | YES | NO | | | NO CONCERN | | CONCERN |
| child's eyes | to attract attention | on. A sec | ond person d | lirectly beh | ind the child sl | nould slowly | y move a sn | or penlight about nall toy or light froi times to check for | m behind and | above and then |
| Quadrant: | Upper Right: | | PASS | F | AIL | | NO CON | ICERN | CONCER | N |
| | Lower Right: | | PASS | F | AIL | | NO CON | ICERN | CONCER | N |
| | Upper Left: | | PASS | F | AIL | N | | NO CONCERN | | CONCERN |
| | Lower Left: | | PASS | F | AIL | | NO CON | ICERN | CONCER | N |
| COMMENT | S & RECOMM | ENDATI | ONS | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Upload to EdPlan record. May also file in child's SoonerStart folder with evaluations and assessments if desired. Complete form at each evaluation or more often as determined by failure of screening and protocol rescreening.

Appendix R