

Vision Check List for School Nurses

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| Purpose | Early Detection, Early Referral |
| Planning | Date, Site (where you will screen), Recruit help (volunteers), Set up room. Remind students one day prior if they wear glasses or contacts to wear them. |
| Population Who to screen? | Pre-K, K, 1,2,4,6,8- Transfer students, Special Ed, and other requested (teacher or parent request) |
| Personel | School Nurse for screening - Volunteers may assist in transporting students or helping with paperwork |
| Preparation | Remind Staff-Recheck date, times, and location- Train volunteers-Inform Students |
| Equipment | Tape, Paper, List of Students, Pen Snellen and Appropriate Eye Charts Eye Cover and a couple of 2.00 plus glasses (can be purchased at Dollar Tree) Eye Machine Auto Refractor (not required) |
| Place | Enough room to fit your charts (10' or 20') |
| Permission | No permission required. State law that ALL kids in certain grades will be screened. Vision (A.C.A. §6-18-1501) |
| Procedure | Observation- The ABC's of Vision (Appearance, Behavior, Complaints) Part 1- Snellen Chart Visual Acuity Chart and 2.00+ glasses Part 2- Eye Machine <ol style="list-style-type: none"> 1. Ball in the Box (Near and Far) 2. Binocular or Fusion (Near and Far) 3. Color (must pass 75%) This test can be on paper or eye machine. Color failure is not vision failure. Notify student teacher and parent. |
| Paperwork | All data must be entered in eSchool. Deadline is June 15th If you have a student fail- you will need a form to the parent, MD and will need to follow up after the MD visit. |
| Tips | If a child wears a corrected lens, they must be screened with the corrected lens on. Rescreen in 2-4 weeks only test that student failed. |