UTAH SCHOOL VISION SCREENING POLICY

AUGUST 2019

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The Vision Screening Protocol and Procedures can be found online at:

http://choosehealth.utah.gov/prek-12/school-nurses/guidelines/screenings.php

Acknowledgments

The Utah Department of Health acknowledges the following people for their contributions to this policy:

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Lorraine Austin, Secretary to the Board

May 29, 2019

RE: A Message from the State Superintendent of Public Instruction

The Utah State Board of Education (USBE) applaud and support the efforts of the Utah Department of Health (UDOH) and the Utah State Division of Services for the Blind and Visually Impaired (DSBVI) for their collaboration in the development of Guidelines for Vision Screening in Utah schools.

It is well documented that a child's ability to see greatly impacts his or her ability to learn. A vision screening program plays a vital role in the early identification of visual problems that may negatively affect a child's academic success. Vision screening is an important component of school health services and a cost- effective means to identify students who may have a vision disturbance.

Our school nurses administer vision screening programs at the district level. Having state guidelines will promote consistency and standardization of school vision screenings. When a student is identified as having a possible visual disturbance, the student is properly referred to an eye care specialist for diagnosis and treatment. In addition, school nurses assist low-income children in obtaining free vision care.

In preparing these guidelines, many knowledgeable professionals with experience implementing vision screening programs assisted. I thank them for their tremendous efforts.

With appreciation,

Sydnee Dickson, Ed.D.
State Superintendent of Public Instruction

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Figure 1Letter from USBE Superintendent

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INTRODUCTION

Utah State Law (UCA 53G-9-404) mandates vision screening as a necessary and worthwhile undertaking in helping to identify children who may require further evaluation of their eyesight. Utah schools have a responsibility to identify health issues that may impact a student's academic success. A child's ability to see greatly impacts her or his ability to learn. A school vision screening program is a cost-effective approach in the early identification of serious vision problems that might negatively affect the physical, intellectual, social, and emotional development of the individual student.

The Utah Department of Health (UDOH) has an interest in ensuring that vision screening of children is accomplished in a reliable, valid, and consistent manner. This policy was developed with the advice and contributions of the UDOH Vision Screening Policy Task Force to assist school nurses in implementing a successful and evidence-based vision screening program.

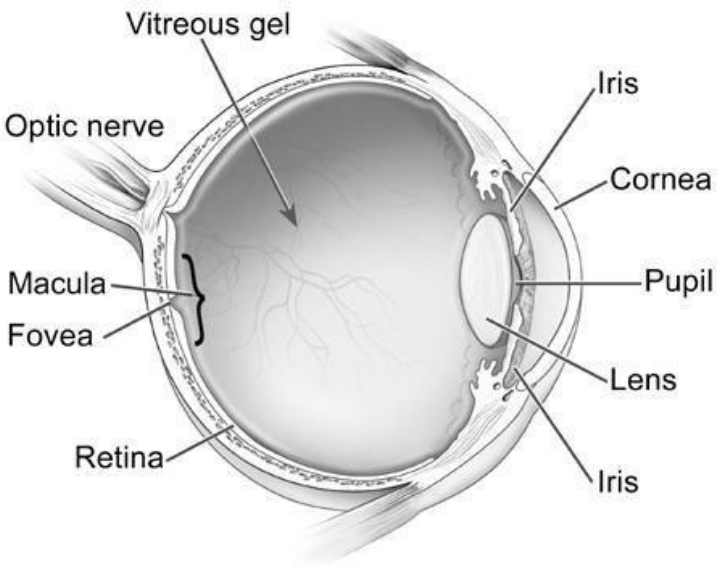
Vision screening, when overseen by a school nurse and performed by properly trained individuals, leads to early identification and appropriate medical referral for diagnosis and treatment of visual disturbances. Children often do not identify a vision deficiency themselves; therefore, school vision screening may become the first identifier of a potential vision problem that without correction may lead to permanent vision loss or impairment.

Although vision screening is crucial in identifying visual problems in children, it is important for parents to understand vision screening is not a substitute for a complete eye examination and vision evaluation by an eye care professional.

VISION BASICS

Our eyes receive messages from the outside world and transmit them to our brain. All images we see are the result of reflected or emitted light from the surfaces of objects that we view.

Some parts of the eye are protective. The eyelids, cornea, and sclera all protect the eye from injury. The sclera is the outer "white part" of the eye. The outer wall is tough and gives protection to the delicate inner structures. Below is an illustration of the major eye structures. Defects in any part of the eye may cause visual deficits.



Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).

Common Vision Problems

The goal of vision screening is to detect commonplace or possible visual anomalies and refer for examination and treatment. This section outlines and describes some of these anomalies.

Refractive Errors

In a normal eye the image is focused on the retina. Refractive errors are caused by a defect in the shape of the cornea or the shape of the eye that causes the image to focus in front of or behind the retina. Refractive errors may occur in one eye and not in the other or in both eyes equally or in differing degrees in each eye. The result is blurred vision for near and/or distant objects. The following are common refractive errors.

Myopia - Nearsightedness

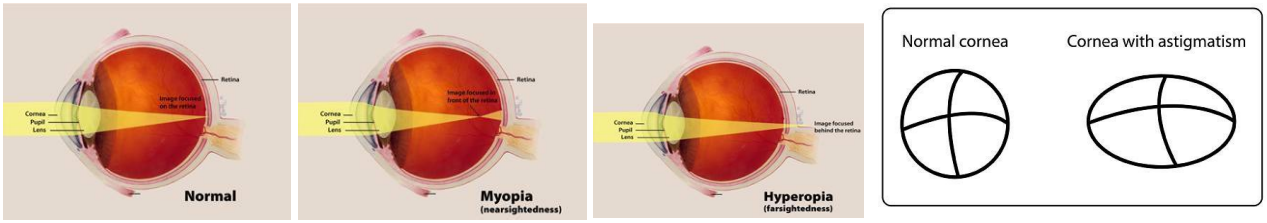
Myopic eyes are too long from the front to the back. The images of distant objects are focused in the front of the retina and appear blurred. This is commonly known as nearsightedness because near objects are seen more clearly than distant objects.

Hyperopia - Farsightedness

Hyperopia is the result of an eyeball that is shorter than normal from the front to the back. The image of near objects is focused behind the retina resulting in blurred near vision. It is commonly called farsightedness because distant objects are seen more clearly than near objects.

Astigmatism

Astigmatism is caused by an uneven surface of the eye that prevents light rays from falling on a single point on the retina. The normal cornea is round like a basketball while the astigmatic cornea is irregular and elliptical, like a football. Vision can be blurred at both near and far distances.



Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).

Strabismus - Crossed Eyes

Strabismus is a misalignment of the eyes that prevents them from looking at the same object together. One eye may be directed inward, outward, or rarely, up or down in relation to the other eye. The condition can be alternating or intermittent in either or both eyes. Strabismus usually occurs in early childhood because of improper development of the muscles that align the eyes. When one eye turns while the other sees straight, a double image is sent to the brain. Strabismus is one of the primary causes of amblyopia. Loss of vision in the affected eye may be avoided if it is treated early.

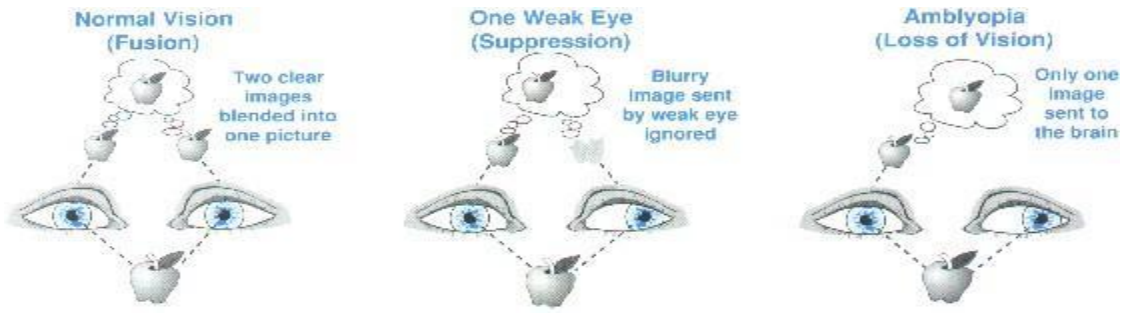
Esotropia

Exotropia

Hypertropia

AMBLYOPIA - LAZY EYE

Amblyopia occurs when the eyes are not working together and the brain cannot fuse the images from each eye into one clear image. If the images from each eye are very different, vision in one eye will be suppressed to avoid double vision. Normal vision will not develop in that eye. Early detection and compliance with treatment is critical in preventing permanent vision loss.



Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH)

Amblyopia may be caused by several conditions. Most often it is the result of unequal refractive error or strabismus. Differences between the information received in each eye and sent to the brain occur if there is:

- A large visual acuity difference or a marked difference in the refractive error between the right and left eyes
- A muscle imbalance (strabismus)
- A combination of the above

Health issues of the eyes such as cataracts and drooping eyelids may also cause amblyopia. This is due to the difference in image quality between the eyes that these conditions present. In these cases, the brain suppresses the image of poorer quality, causing a permanent vision loss in the affected eye unless detected and treated early in childhood while the vision system is still developing. Rarely does amblyopia fully respond to treatment after age nine, but for some disorders the period of visual plasticity is much shorter and treatment needs to be instituted at a much earlier age.

COLOR VISION DEFICIENCY

Children with color vision deficiency have difficulty identifying certain colors. Color vision deficiencies are a result of a defect in special cells on the retina called cones. This defect is more common in boys than girls. There is no correction for color vision deficiency defects. A student with color vision deficiency can be reasonably accommodated under section 504 of the 1973 Rehabilitation Act.

Observation of Visual Problems

Many symptoms of vision problems are behavioral in nature and may be confused with symptoms of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) or autism spectrum disorder. The following symptoms are most likely to be observed in the classroom by the teacher or teacher's aide. Vision problems should be addressed quickly so the student can perform at his/her best. Early intervention is of utmost importance.

Appearance of Eyes

- Tilts head, squints, or closes or covers one eye when reading
- Gaze issues such as eyes turn in or out, crossed eyes, or eyes wander
- Different size pupils or eyes
- Watery eyes
- Eyes appear hazy or clouded

COMPLAINTS

- Words float, move or jump about while reading
- Headache, dizziness, or nausea when reading
- Itching, burning, or scratchy eyes
- Blurred or double vision
- Sensitivity to light
- Difficulty seeing
- Eyes get tired after reading for a few minutes

BEHAVIORS

- Loses place when reading, or uses finger for orientation
- Skips over or leaves out small words when reading
- Rereads or skips lines unknowingly
- Writes uphill or downhill, or has difficulty writing in a straight line
- Difficulty copying from the board
- Difficulty changing focus from distance to near and back
- Avoids near work such as reading or writing
- Has difficulty lining up numbers when doing math
- Has difficulty finishing assignments on time
- Holds books too close, or leans too close to a computer screen
- Clumsy, bumps into things, or knocks things over
- Slow reading or word-by-word reading
- Reads words aloud or lip reads
- Reverses words or letters
- Blinks to read board or clear eyes after close work
- Thrusts head forward or backward while looking at board
- Rubs eyes or blinks during or after reading
- Restless while working at the desk
- Frequent signs of frustration or tension during close work

THE SCREENING PROCESS

Utah State Statute (UCA 53G-9-404) mandates vision screening in Utah public schools. This section provides guidelines for the recommended charts, required grades to be screened, procedure for

tier 1 screening, and the referral criteria. In addition, this section provides guidance for notification, referral and follow-up for any vision screening performed.

Training

The Utah Department of Health creates all trainings required to perform school vision screening. Training includes the following:

1. Training A: how to plan and implement a tier 1 school vision screening (designed for new school nurses, or schools without a school nurse)
2. Training B: for vision screening volunteers who assist with a tier 1 vision screening
3. Training C: for approved tier 2 vision screeners
4. Training D: for approved outside entities

Designated Vision Point-Person

School nurses are the ideal individuals to perform the school vision screening. Nurses have specialized skills and training to perform a variety of screenings done in schools, including vision screening. The nurses' training also helps them determine when a student should be referred to an eye care professional for a complete eye examination.

If the school does not have a school nurse, someone at the school should be the Designated Vision Point-Person (DVPP). This person should undergo UDOH training (A) on how to plan and implement a school-wide tier 1 vision screening.

The DVPP is responsible for ensuring all volunteers complete the UDOH training (B) for vision screening volunteers. The DVPP is also responsible for referral and follow-up for students who do not pass the vision screening, as well as documentation of results for all students. Finally, the DVPP should be the person who completes the required annual vision screening report form due to the UDOH by June 30th each year.

The DVPP should not perform tier 2 vision screenings, but should automatically refer any student needing a tier 2 vision screening to an eye care professional for a complete eye examination.

Certificates

A certificate or health form documenting a vision screening or examination given within one year of entering a Utah public school is acceptable for school entry. All students less than age nine entering a public school in Utah for the first time without proof of screening mentioned above must be screened during the year of entry. Certificates can be completed by a licensed health care

professional, which is defined in UCA 53G-9-404 as an optometrist, medical doctor, advanced practice registered nurse, occupational therapist, or physician assistant.

Required Grades

The UDOH requires screening students for distance visual acuity for pre-kindergarten, kindergarten, and grades 1, 3, 5, 7 or 8, and 9 or 10. Tenth grade students may be screened as part of their driver education class. Students referred by a parent or school personnel should also be screened during any grade. Students in the grades listed above must be screened annually. Additional grades may also be screened at the discretion of the local education agency's (LEA).

Referral Criteria

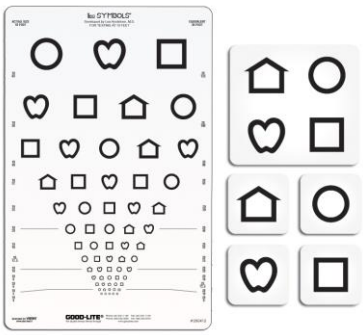
Students should receive a referral if they cannot see the majority of optotypes on the following lines:

- Age three years – 20/50 line
- Ages four and five years – 20/40 line
- Grades 1 and above – 20/32 line

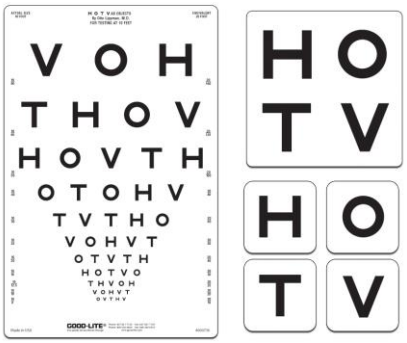
To pass visual acuity screening, the students must correctly identify more than half of the optotypes on the line (e.g., three of five optotypes). The students should be referred when they do not pass the critical line for their age. Students who fail initial screening should be rescreened within one month of the original screening date.

Recommended Charts for Distance Visual Acuity Screening

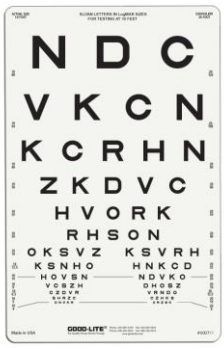
The following charts **ARE** recommended due to their standardized and culturally unbiased optotypes:



LEA SYMBOLS®



HOTV

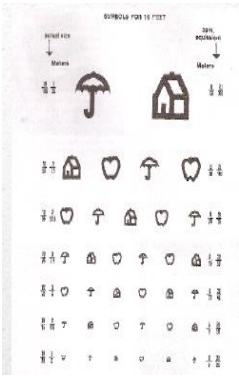


Sloan Letters

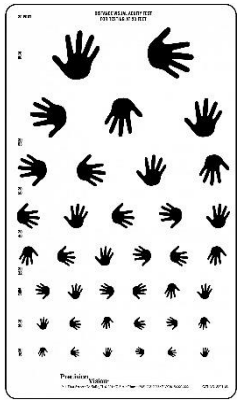
- LEA SYMBOLS® or HOTV letters for younger children (ages three to six years) or preliterate students
    - Five or ten foot charts with the passing line at eye level for students
    - Threshold charts should be proportionally spaced, not wide spaced
- Sloan Letters for older students (ages 7 and older) when students know their letters in random order
    - Ten foot charts with the passing line at eye level for students
    - Threshold charts should be proportionally spaced, not wide spaced

The following charts should **NOT** be used due to their non-standardized and culturally biased optotypes:

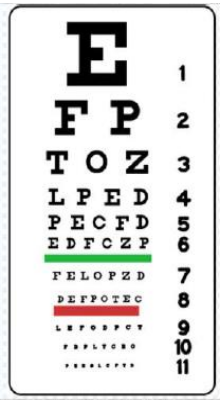
- Allen figures
- Sjøgren hand test
- Lighthouse chart (house, apple, umbrella)
- Blackbird
- Tumbling E
- Snellen
- 20-foot charts
- Charts that are not proportionally spaced



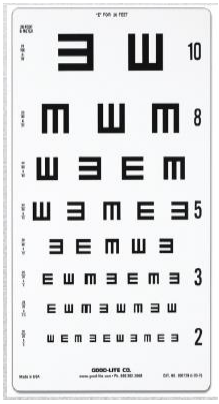
Lighthouse chart



Sjøgren hand test



Snellen



Tumbling E

Instrument–Based Screening

Some LEAs may choose to use a device for instrument-based screening. These devices are automated screening instruments that facilitate vision screening in students who are difficult to screen such as students with developmental delays. These devices can be an option to optotype-based screening for students aged three, four, and five years. Instruments should not be used for screening in students who are in first grade and older unless they cannot participate in optotype-based screening.

When conducting instrument-based screening, the device will automatically pass or refer a student, based on referral criteria used in the device. There is no need to rescreen the student. Results should be listed as pass/fail, and not converted to a visual acuity value or listed as a potential diagnosis.

Notification of School Vision Screening

All parents must be notified of scheduled vision screenings by the public school to provide an opportunity to opt-out of screening.

Notification of vision screenings may be disseminated to parents/legal guardians through parent handbooks, school newsletters, computer generated messages, and other means of communication as per the LEA policy. Opt-out instruction should be included in the notification of screening. (See sample of parent notification and opt-out form in the appendix.)

Vision Screening Volunteers

As required by Utah Statute 53G-9-404, vision screening volunteers must be trained by the school nurse or complete the online training module (B) prior to the start of screenings. Trainings shall be provided in compliance with training materials developed by UDOH.

Volunteers who assist with vision screening may not profit financially from volunteering, and may not market, advertise, or promote a business in connection with assisting in a vision screening.

Outside Entity

Only those outside entities approved by the UDOH may provide tier 1 vision screening services to schools. Outside entities may not provide tier 2 vision screening. Outside entities must provide the results of all vision screening to the school for documentation in the student's record. The school is responsible for referral and follow-up. Please contact the UDOH for a current list of approved outside entities.

Tier 1 Screening

All schools are required to provide tier 1 vision screening. Tier 1 vision screening is a lower-level vision screening such as basic distance vision screening. Approved tier 1 vision screeners can be school nurses, approved outside entities, trained school volunteers, or trained health care professionals (as defined in statute) who have completed UDOH training (B) for tier 1 vision screening volunteers.

Referral, Follow-Up, and Documentation

Referral

Parents and guardians should be notified in writing of abnormal screening results within 30 days of vision screening or rescreening. It is also recommended that the classroom teacher be notified if a student fails the vision screening (see appendix for referral form).

Referrals should be made if the student's screening indicates a need for a professional eye exam. Failure of vision screening is not the only reason a student may need to be referred (see Observation of Visual Problems). When findings are inconclusive and professional nursing judgment indicates the student would benefit from seeing an eye care professional, the student should be referred. In addition, if a parent or teacher has a legitimate concern based on observation of behaviors suggesting a visual problem, even with a passed vision screening, the student should be referred to an eye care professional for further evaluation. A student who is unable to perform a vision screening and is currently not under the care of an eye care specialist should also be referred.

Automatic Referral

Some students should bypass screening and be automatically referred to an eye care professional for a more thorough examination. These students include those with:

- Readily recognized eye abnormalities, such as strabismus or ptosis
- A known diagnosis of a neurodevelopmental disorder (e.g. hearing impairment, motor abnormalities such as cerebral palsy, cognitive impairment, autism spectrum disorders, or speech delay)
- Systemic diseases known to have associated eye disorders (e.g. diabetes and juvenile rheumatoid arthritis)
- A known family history of a first-degree relative with strabismus, amblyopia, or high refractive error

- A history of premature birth and low birthweight (32 weeks gestation and 1,500 grams birthweight) who has not already had a normal comprehensive eye examination
- Parents or caregivers who believe their child has a vision-related problem or have concerns regarding their child reaching age-appropriate developmental or academic milestones

Note: The Utah Special Education rule requires students being evaluated for eligibility for special education, and every three years for their reevaluation, must have vision issues ruled out. Students being referred to Special Education do not need a **new** vision screening. Distance vision (Tier 1) screening done within the current school year is adequate for this requirement. A symptoms questionnaire should be completed by the teacher to determine whether a Tier 2 vision screening should be done, or if the student should be automatically referred to an eye care professional for a complete eye examination.

Follow-Up

The ultimate goal of screening is to identify students with visual problems and to assist the families in obtaining further evaluation. One way to promote success in achieving this goal is to make a follow-up phone call to the parent or guardian after the referral letter is sent. Further follow-up with parents may be necessary to assure the student is seen by an eye care professional.

Documentation

Results of all vision screening should be documented in the student's permanent record. Documentation should include whether a student was referred to an eye care professional, and any follow-up. Documentation can be electronic or on paper.

Significant Vision Impairment

A significant vision impairment is a visual impairment severe enough to interfere with learning. The term is the designation required for a child to be eligible for services from a teacher of students with visual impairments in an LEA or at the Utah Schools for the Deaf and the Blind (USDB). A significant vision impairment must be determined individually for each student after examination and diagnosis by a licensed health care provider and functional assessment by a qualified vision professional.

Symptoms Questionnaire

If a student is referred for a special education evaluation, does not achieve benchmark on the benchmark reading assessment, or there is another concern regarding his/her vision a Symptoms Questionnaire should be completed by the teacher and given to the school nurse (or other

approved tier 2 vision screener) within 45 days of the benchmark assessment. The school nurse then has 30 days to evaluate the Symptoms Questionnaire to determine the next steps.

The school nurse or other approved tier 2 vision screener may automatically refer the student to an eye care professional for a comprehensive eye examination. If the school does not have a school nurse or other approved tier 2 vision screener, the DVPP should evaluate any Symptoms Questionnaires submitted and refer the student based on criteria listed there.

Screening Students with Special Needs

Some groups of students may not be able to complete a vision screening using the recommended charts due to age, immaturity, or physical/cognitive challenges. These students will need to use alternative vision screening methods.

Some LEAs may choose to use other UDOH approved vision screening instruments at their discretion and expense. These instruments include chart software or instrument-based screening devices.

Confidentiality

All those working with students must understand that any results of vision screening must be kept confidential and only shared with the school nurse or DVPP. The school nurse or DVPP will document results and refer any student who does not pass the vision screening to an eye care professional for a more thorough vision examination. The volunteer should never share results of a vision screening with anyone other than the DVPP or school nurse. This includes the student's teacher or parent. If the volunteer shares private confidential information they are in violation of federal privacy laws (FERPA). Any FERPA violations could result in the school loosing federal funding.

Tier 2 Screening

Tier 2 vision screening is a higher-level evaluation which should include screening of distance (if not done in the current year) and near vision. Optional screening includes eye focusing or tracking problems, color vision deficiency screening, and screening for convergence insufficiency.

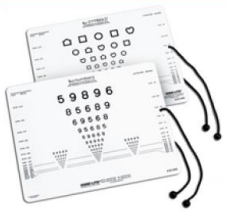
Tier 2 vision screening can be classified as mandatory (students needing educational intervention, special education referral, or failing benchmark assessment) or optional (teacher or parent concern).

Approved tier 2 vision screeners can only be school nurses or health care professionals as defined in 53G-9-404 who have completed the UDOH training for tier 2 vision screening. In lieu of

performing a tier 2 vision screening the school nurse may automatically refer the student to an eye care professional for a comprehensive eye examination. If the LEA does not have an approved tier 2 vision screener the student should be automatically referred to an eye care professional for a comprehensive eye examination following the criteria on the Symptoms Questionnaire.

Near Vision Acuity Screening

Near vision is an important function of the human eye. Adequate near vision depends on both accommodation and convergence, which combine to produce a clear image, typically 12 to 24 inches from the eye. Screening near visual acuity in schools is directed toward the identification of hyperopia, particularly severe, or "high" hyperopia.

Examples of grade level appropriate charts		
TK/K - Grade 1		Grades 2 - 12
LEA SYMBOLS® LEA NUMBERS®	HOTV	Sloan Letters
		

Eye Focusing or Tracking

The student should be able to keep their eyes on a target when asked to look from one object to another, or while moving their eyes along a printed page. The student should also be able to maintain clear vision as they move their focus from distance to near.

Convergence

Convergence is the ability of the eyes to work together when looking at nearby objects. Convergence insufficiency causes one eye to turn outward instead of inward with the other eye, which may cause double or blurred vision. This condition can cause reading difficulty.

Color Vision Deficiency

Color vision is the ability to recognize color. A color vision deficiency exists when there is a deficiency in this ability.

Identification of a childhood color disorder is important information to share with teachers and parents, especially in the student's early years. So much of preschool and primary grades'

curricula are color-driven. Reading readiness develops and builds on a variety of cognitive skills from matching to recognition and recall, much of which is presented or enhanced through the use of color.

When screening a student for color vision deficiency follow the test's manufacturer instructions. However, instructions may call for monocular screening, which is to occur in an eye examination where a diagnosis would be provided. *In a school setting, color vision deficiency screening is conducted binocularly, or with both eyes open.*

State Reports

In addition to recording vision results in each student's individual record, Utah State Statute requires schools to report aggregate vision screening data annually to the UDOH. This can be done in the School Health Workload Census submitted to the UDOH at the end of the school year, or may be reported via the Vision Report form (see the appendix). Aggregate data to be submitted includes the number of distance screenings performed (tier 1), number of tier 2 screenings performed, number of students referred for each screening, and other data points as determined by the UDOH.

VISION RESOURCES

Friends for Sight is a non-profit agency that provides screening, eye exams and glasses for low-income children who meet eligibility criteria.

Lion's Club is a non-profit organization that provides financial assistance for eye care for children who meet eligibility criteria.

Moran Eye Center provides eye exams for patients who qualify based on income status through the University of Utah Billing office.
Telephone: 801-587-6303 or 1-800-862-4937 or email billing@healthcare.utah.edu

Prevent Blindness provides resources on vision.

Sight for Students is a Vision Service Plan (VSP) program that provides free eye exams and glasses to low-income and uninsured children 18 years and younger who meet eligibility criteria. **School nurses, who are members of the National Association of School Nurses (NASN), can receive free vision vouchers for students in need.**

Vision for Utah is a local program that provides free exams and glasses for low-income and uninsured children 18 years and younger who meet eligibility criteria through a partnership with Utah Optometric Association and Friends for Sight. Social security number is not required.

Online optical businesses may be an economical way for parents to order glasses online with Rx and PD (pupil distance) information. *Use caution ordering glasses online because quality may be compromised. There are not child-specific measurements done by an eye care professional.*

Local businesses such as Walmart, Target, Lens Crafters, America's Best, and private eye care practices often donate services for eye exams and eyeglasses. It is best to check with the local vendors in your area for needed services.

DEFINITIONS

Accommodation -- The ability of the eye to allow an individual to focus clearly on objects at near range.

Amblyopia or lazy eye -- The loss or lack of development of central vision. It is not related to any eye health problem, and it usually cannot be corrected with eyeglasses or contact lenses alone. It can be the result of a failure to use both eyes together. Lazy eye is often associated with cross-eyes, or a large difference in the degree of near or farsightedness between two eyes. It generally develops before the age of six.

Astigmatism -- A condition which causes blurred vision. It is caused by either the irregular shape of the cornea, or sometimes the curvature of the lens inside the eye.

Blepharitis -- An inflammation which can be acute or chronic, of the eyelash follicles and the eyelid glands.

Cataract -- A cloudy or opaque area in the lens of the eye that is normally clear. It can interfere with normal vision, depending on the size and location. Cataracts develop primarily in people older than 55 years of age, but can occasionally occur in infants and young children.

Color vision -- The ability to perceive color.

Color vision deficiency -- The inability to distinguish certain shades of color.

Conjunctivitis -- An inflammation of the conjunctiva which is a thin, transparent layer that lines the inner eyelid and covers the white part of the eye.

Convergence -- The ability to move both eyes toward each other and focus on a near object.

Cornea -- The front part of the eye that is transparent and covers the iris, pupil, and anterior chamber and provides most of an eye's optical power.

Corneal abrasion -- A scratched cornea in which visual acuity may be temporarily reduced; may cause photophobia, and result in considerable pain.

Critical line -- The age appropriate passing line for visual acuity screening.

Diopter -- A unit of measurement to designate the refractive power of the lens, which is given a plus or minus value.

Distance vision -- The ability of the eye to see images clearly at a distance.

Double vision -- The perception of two images, one by each fovea, when the eyes have a horizontal or vertical misalignment.

Esotropia -- A type of strabismus in which the movements of one or both eyes go inward or nasally.

Exotropia -- A type of strabismus, in which one or both eyes will deviate outward, or away from the nose.

Eye Care Professional -- A professional eye doctor (an optometrist or an ophthalmologist). It is recommended that students be referred to eye care professionals who are trained and experienced in examining young children.

Farsightedness -- See hyperopia.

Fovea – A small depression in the retina of the eye where visual acuity is highest. The center of the field of vision is focused in this region, where retinal cones are particularly concentrated.

Glaucoma -- A group of eye diseases that damage the optic nerve.

Hyperopia (farsightedness) -- A condition that causes difficulty with near vision.

Lazy eye -- see amblyopia.

Legal blindness – Best corrected visual acuity of 20/200 or less in the better eye; or a peripheral field in the better eye of 20 degrees or less.

Myopia (nearsightedness) -- A vision condition that causes difficulty with distance vision.

Nearsightedness -- see myopia.

Nystagmus -- A condition where the eyes make uncontrolled, repetitive movements which often results in reduced vision. These movements can occur up and down, side-to-side, or in circular motion patterns.

Occluder – a device that occludes one eye while the other eye is being screened. Approved occluders vary depending on the age of the student. Care should be taken so as not to press on the student's eye when occluding.

Ophthalmologist -- A medical physician concerned with the study and treatment of disorders and diseases of the eye. Ophthalmologists are trained in surgical interventions for the eye.

Optic nerve -- The largest sensory nerve of the eye, which carries visual impulses for sight from the retina to the brain.

Optician -- A professional who makes lenses, fits them into frames, and adjusts the frames to the wearer.

Optometrist -- A Doctor of Optometry (OD) who specializes in the diagnosis and treatment of functional vision problems, prescribes corrective lenses or visual therapy, and examines eyes for disease.

Optotypes -- Letters or symbols on a vision screening chart.

Patching -- A type of treatment for amblyopia in which the patient's preferred eye would be covered to improve vision in the other eye.

Peripheral vision -- The ability to perceive presence, motion or color of objects to the side.

Instrument-based screening device -- An automated screening technique that facilitates vision screening in students who are difficult to screen such as children with developmental delays.

Photophobia -- A discomfort or abnormal sensitivity to light. Excessive tearing may be a symptom.

Pink eye -- see conjunctivitis.

Ptosis – A drooping of the upper eyelid.

Refraction -- A test to determine an eye's refractive error and correction of lenses to be prescribed.

Rescreening -- A follow-up or second screen performed before referral when findings are suspicious or inconclusive.

Screening – Simple and quick testing procedures used to identify and refer students with visual impairment or eye conditions.

Strabismus -- An eye misalignment caused by extraocular muscle imbalance.

Visual acuity -- Quantifiable measurement of the sharpness or clearness of vision when identifying specific optotype sizes at a standardized distance.

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APPENDIX

53G-9-404. PUBLIC EDUCATION VISION SCREENING.

(1) As used in this section:

(a) "Health care professional" means an individual licensed under:

(i) Title 58, Chapter 16a, Utah Optometry Practice Act;

(ii) Title 58, Chapter 31b, Nurse Practice Act, if the individual is licensed for the practice of advance practice registered nursing, as defined in Section 58-31b-102;

(iii) Title 58, Chapter 42a, Occupational Therapy Practice Act;

(iv) Title 58, Chapter 67, Utah Medical Practice Act;

(v) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; or

(vi) Title 58, Chapter 70a, Physician Assistant Act.

(b) "Qualifying child" means a child who:

(i) attends an LEA;

(ii) is at least three years old; and

(iii) is not yet 16 years old.

(c) "Tier one vision screening" means a lower-level evaluation of an individual's vision, as determined by Department of Health rule.

(d) "Tier two vision screening" means an individual, higher-level evaluation of an individual's vision, as determined by Department of Health rule.

(2) The Department of Health shall oversee public education vision screening, as described in this section.

(3) A child who is less than nine years old and has not yet attended public school in the state shall, before attending a public school in the state, provide:

(a) a completed vision screening form, described in Subsection (5)(a)(i), that is signed by a health care professional; or

(b) a written statement signed by a parent that the child will not be screened before attending public school in the state.

(4) The Department of Health shall prepare and provide:

(a) training for a school nurse who supervises an LEA tier one vision screening clinic; and

(b) an online training module for a potential volunteer for an LEA tier one vision screening clinic.

(5) (a) The Department of Health shall provide a template for:

(i) a form for use by a health care professional under Subsection (3)(a) to certify that a child has received an adequate vision screening; and

(ii) a referral form used for the referral and follow up of a qualifying child after a tier one or tier two vision screening.

(b) A template described in Subsection (5)(a) shall include the following statement: "A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor."

(6) The Department of Health shall make rules to:

(a) generally provide for and require the administration of tier one vision screening in accordance with this section, including an opt-out process;

(b) describe standards and procedures for tier one vision screening, including referral and follow up protocols and reporting a student's significant vision impairment results to the Utah Schools for the Deaf and the Blind;

(c) outline the qualifications of and parameters for the use of an outside entity to supervise an LEA tier one vision screening clinic when an LEA does not have a school nurse to supervise an LEA tier one vision screening clinic;

(d) determine when a potential volunteer at an LEA tier one vision screening clinic has a conflict of interest, including if the potential volunteer could profit financially from

volunteering;

(e) determine the regularity of tier one vision screening in order to ensure that a

qualifying child receives tier one vision screening at particular intervals; and

(f) provide for tier two vision screening for a qualifying child, including:

(i) in coordination with the state board, determining mandatory and optional tier two vision screening for a qualifying child;

(ii) identification of and training for an individual who provides tier two vision

screening;

(iii) (A) the creation of a symptoms questionnaire that includes questions for a nonprofessionally trained individual to identify an eye focusing or tracking problem as well as convergence insufficiency of a qualifying child; and

(B) protocol on how to administer the symptoms questionnaire in coordination with tier two vision screening;

(iv) general standards, procedures, referral, and follow up protocol; and

(v) aggregate reporting requirements.

(7) (a) In accordance with Department of Health oversight and rule and Subsection (7)(b), an LEA shall conduct free tier one vision screening clinics for all qualifying children

who attend the LEA or a school within the LEA.

(b) If the parent of a qualifying child requests that the qualifying child not participate in

a tier one or tier two vision screening, an LEA may not require the qualifying child to receive the tier one or tier two vision screening.

(8) (a) Except as provided in Subsection (8)(b), a school nurse shall supervise an LEA tier one vision screening clinic as well as provide referral and followup services.

(b) If an LEA does not have a school nurse to supervise an LEA tier one vision

screening clinic, an LEA may, in accordance with Department of Health rule, use an outside entity to supervise an LEA tier one vision screening clinic.

(9) (a) An LEA shall ensure that a volunteer who assists with an LEA tier one vision screening clinic:

(i) (A) is trained by a school nurse; or

(B) demonstrates successful completion of the training module described in Subsection (4)(b);

(ii) complies with the requirements of Subsection (9)(c); and

(iii) is supervised by a school nurse or, in accordance with Subsection (8)(b), an

outside entity.

(b) In accordance with Department of Health rule, an LEA may exclude a person from

volunteering at an LEA tier one vision screening clinic if the person has a conflict of interest, including if the person could profit financially from volunteering.

(c) A volunteer who assists with an LEA tier one vision screening clinic may not

market, advertise, or promote a business in connection with assisting at the LEA tier one vision screening clinic.

(d) A volunteer who assists with an LEA tier one vision screening clinic is not liable

for damages that result from an act or omission related to the LEA tier one vision screening clinic, if the act or omission is not willful or grossly negligent.

RULE (R384-201):

R384-201-1. Authority.

(1) This rule is authorized by section 53G 9-404 and 26-1-30 (33).

(2) The Department of Health is authorized under the rule to set standards and procedures for vision screening required by this chapter, which shall include a process for notifying the parent or guardian of a student who fails a vision screening or is identified as needing follow-up care.

R384-201-2. Definitions.

(1) "Eye care professional" means an ophthalmologist or optometrist.

(2) IEP means an Individualized Education Plan.

(3) "Instrument based screening" means an automated screening technique that facilitates vision screening in students who are difficult to screen such as children with developmental delays.

(4) LEA means local education agency.

(5) "Screening certificate" means written documentation of vision screening or comprehensive eye examination by a health care professional as defined in 53G-9-404 (1)(a)done within one year of entering a public school.

(6) "Significant visual impairment" means a visual impairment severe enough to interfere with learning. The term is the designation required for a child to be eligible for services from a teacher of students with visual impairments in an LEA or USDB.

(7) "Screener" means those trained to support vision screening programs for students.

(8) USDB means Utah Schools for the Deaf and Blind.

(9) UDOH means Utah Department of Health.

(10) "Vision Screening" means a way to identify students with visual impairment.

R384-201-3. Purpose.

The purpose of school-based vision screening is to set standards and procedures for vision screening for students in public schools. This is necessary to detect vision difficulties in students so

that follow-up for potential concerns may be done by the student's parent or guardian. Vision screening is not a substitute for a complete eye exam and vision evaluation by an eye care professional.

R384-201-4. Free Screening.

The following students in an LEA shall receive free vision screenings to include tier 1 screening.

(1) Vision screening shall be conducted for all students in grades pre-kindergarten, kindergarten, 1, 3, 5, 7 or 8, and 9 or 10 and any student referred by school personnel, parent or guardian or self to rule out vision as an obstacle to learning;

(2) Tenth grade students may be screened as part of their driver education class; and

(3) Students who are currently receiving services from USDB or LEA vision specialist who have a diagnosed significant visual impairment will be exempt from screening.

(4) Students may be referred for mandatory or optional tier 2 vision screening under the following circumstances in (a) and (b).

(a) Mandatory tier 2 screening may be done for students requiring education intervention such as special education referral or failing benchmark reading assessment as defined by R277-404.

(b) Optional tier 2 vision screening may be done based on parent or teacher concern.

(c) Students failing a tier 1 screening who have been referred to an eye care professional are not required to complete a tier 2 screening.

(d) Instead of performing a tier 2 vision screening, the LEA may automatically refer the student being referred to a tier 2 vision screening to an eye care professional.

(e) If the LEA does not have a school nurse or other approved tier 2 screener, the student being referred for a tier 2 vision screening should be automatically referred to an eye care professional.

R384-201-5. Required Screening for Students with an Individualized Education Plan.

Required screening for students identified with an IEP in an LEA are as follows:

(1) Vision issues have to be ruled out as an obstacle to learning reasons for learning problems before Specific Learning Disability can be used as eligibility criteria and

(2) Every three years, a student must be reevaluated for eligibility for special education in all areas of suspected disability, including vision.

R384-201-6. Proof of Screening.

Certificate or health form documenting a vision screening or examination given within one year of entering a public school are acceptable for school entry. All students less than age 9 entering a public school in Utah for the first time without proof of screening mentioned above, shall be screened during that school year.

R384-201-7. Training of Screeners.

(1) The LEA shall provide training annually to all vision screeners prior to the start of vision screenings.

(a) The school nurse shall provide training to the vision screeners; or

(b) Vision screeners shall view the online module developed by UDOH referred to in 53G-9-404 (4)(b).

(2) The LEA will provide trainings in compliance with UDOH materials.

(3) The LEA will share vision screening training materials with qualified outside entities that provide free vision screening services in Utah schools.

(4) UDOH will create online training modules on:

(a) Tier 1 vision screening; and

(b) Training for tier 1 vision screeners; and

(c) Tier 2 vision screening for school nurses or other approved tier 2 screeners.

R384-201-8. Screening.

(1) Screenings are to be performed following criteria developed by UDOH.

(2) Screeners should do vision screenings early in the school session to provide time in that school year for adequate referral and follow-up to be done.

(3) A Parent or guardian of a student has the right not to have their student participate in vision screening. All parents or guardians must be notified of scheduled vision screenings by the public school to provide an opportunity to opt out of screening for their student. Parent or guardian choosing to opt out of vision screening for their student must do so annually and in writing.

(4) A public school staff member should be present at all times during vision screenings including those done by qualified outside entities.

(5) Screenings are to be done using material and procedures approved by UDOH. Standards and procedures are based on recommendations of American Academy of Pediatrics, the American Academy of Ophthalmology, the American Optometric Association, the National Center for Children's Vision & Eye Health, and National School Nurse Association.

(6) School vision screening is comprised of tier 1 and tier 2 screening.

(a) Tier 1 vision screening is a lower-level vision screening such as basic distance vision screening.

(b) Tier 2 vision screening is a higher-level evaluation that should include screening of distance and near vision. It may also include eye focusing or tracking problems, color screening, and screening for convergence insufficiency.

(i) The approved tier 2 screener may automatically refer the student to an eye care professional in lieu of performing the tier 2 screening.

(ii) If the LEA does not have an approved tier 2 screener the LEA should automatically refer the student to an eye care professional.

(7) Approved vision screeners include the following:

(a) Approved tier 1 vision screeners can be school nurses, qualified outside entities, trained volunteers, or health care professionals as defined in 53G-9-404 (1)(a) who have completed UDOH training for tier 1 vision screening.

(b) Approved tier 2 vision screeners can only be school nurses or health care professionals as defined in 53G-9-404 (1)(a) who have completed UDOH training for tier 2 vision screening.

(c) Persons assisting with vision screening:

(i) May not profit financially from school vision screening; and

(ii) May not market, advertise, or promote a business in connection with assisting with vision screening.

(8) Any qualified outside entity that provides free vision screening services in the LEA will provide results of vision screening to the public school.

(9) Students who are not candidates for regular vision screening may be screened using an approved instrument-based screening device. Only devices approved by UDOH should be used for screening, and then only when screening with a chart is not an option. Devices are not a substitute for clinical judgement and a visual acuity test.

(10) The LEA shall document all vision screening results including referrals and follow-up results in the student's permanent school record.

R384-201-9. Requirements for Referral.

(1) A school nurse may rescreen students who fail initial age appropriate school vision screening to confirm results before notification to student's parent or guardian of any impairment disclosed by the vision screening recommending further evaluation by an eye care professional.

(2) The LEA shall notify, in writing within 30 days from vision screening, a student's parent or guardian of any impairment disclosed by the vision screening recommending further evaluation by an eye care professional.

(3) An eye care professional who diagnoses a student with a significant visual impairment shall refer the student to the LEA vision specialist or USDB.

R384-201-10. Symptoms Questionnaire.

(1) The UDOH will provide schools a vision symptoms questionnaire that includes questions for classroom teachers to potentially identify eye focusing or tracking problems as well as convergence insufficiency. The UDOH will update the questionnaire as needed.

(2) For students who fail to achieve benchmark status on the benchmark reading assessment in grades 1-3:

(a) The LEA shall notify the student’s teacher within 30 calendar days of student performance on the benchmark reading assessment.

(b) Teachers must complete the vision symptoms questionnaire within 45 calendar days of the administration of the assessment and submit to the school nurse.

(c) Teachers need only complete the vision symptoms questionnaire once per school year.

(d) School nurses or other approved tier 2 vision screeners shall use the vision symptoms questionnaire to perform a secondary assessment and/or refer to an eye care professional.

(3) For students who are being referred to special education for a suspected disability affected by vision difficulties:

(a) Teachers must complete the vision symptoms questionnaire and submit to the school nurse.

(b) School nurses or other approved tier 2 vision screeners shall use the vision symptoms questionnaire to perform a secondary assessment and/or refer to an eye care professional.

(4) For students who are being referred by parent or guardian for vision concern:

(a) Parent or guardian should complete the vision symptoms questionnaire and submit to the school nurse.

(b) School nurses or other approved tier 2 vision screeners shall use the vision symptoms questionnaire to perform a secondary assessment and/or refer to an eye care professional.

R384-201-11. Aggregate Reporting Requirements.

(1) All LEAs shall report aggregate numbers annually to UDOH to include:

(a) Total number of students receiving tier 1 vision screening; and

(b) Total number of students referred to an eye care professional following a tier 1 vision screening; and

(c) Total number of students referred to school nurse for tier 2 screening; and

(d) Total number of students referred to an eye care professional following a tier 2 vision screening; and

(e) Other information as requested by UDOH.

(2) This report may be submitted on the annual vision screening report, or as part of the annual school health workload census, and shall be due on or before June 30 of each year.

(3) No personally identifiable information will be collected.

KEY: eye exams, school vision, vision evaluations

Date of Enactment or Last Substantive Amendment: July 1, 2019

Authorizing, and Implemented or Interpreted Law: 53G-9-404

FORMS

CERTIFICATE OF VISION SCREENING

Certificate of Vision Screening

As required by UCA 53G-9-404 (2019) a student who is less than nine years old and entering school for the first time in Utah is required to submit this certificate showing vision screening (or complete eye exam) done within the last year.

Vision screening is not a complete eye exam and may not detect other eye disorders.
Students unable to pass the vision screening should receive a complete eye exam.

Student name:	DOB:	School Year:
School:	Grade:	Teacher:

A. Parent to Complete

☐ As parent or guardian of the above named student, I have taken my student for a vision screening as required by law. Provider must complete section B or C as appropriate.

☐ As parent or guardian to the above named student, I opt not to have my student's vision screened **before** attending public school, as allowed by law.

Parent Name:	
Parent Signature:	Date:

B. Vision Screening

☐ This student has had an vision screening done by a *healthcare professional* defined as an optometrist (OD), advanced practice registered nurse (APRN), medical doctor (MD), doctor of osteopathy (DO), or physician assistant (PA). This vision screening included the following:

☐ Distance vision screening ☐ Near vision screening ☐ Ocular motilities
☐ Color deficiency ☐ Convergence ☐ Other (specify):_____

This student ☐ **was** / ☐ **was not** able to pass the vision screening.

This student ☐ **was** / ☐ **was not** referred to an eye care professional for a complete eye exam.

Provider Name:	Type of Provider: ☐ OD ☐ MD ☐ DO ☐ APRN ☐ PA
Provider Signature:	Date:

C. Complete Eye Exam

☐ This student has had a complete eye exam by an *eye care professional* done within 1 year of entry into Utah public school.

Provider Name:	☐ Ophthalmologist ☐ Optometrist	Date of exam:
Provider Signature:	Date:	

A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.

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SAMPLE VISION SCREENING OPT-OUT FORM

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
Parent to Complete		
As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing. I understand that this request is for the current school year only. This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	

VISION REFERRAL Utah Department of Health in Accordance with UCA 53G-9-404		School Name: Address: City, State, Zip: Phone: Fax:	
Date of Referral:			
Student Name:		DOB:	Grade:
Parent:	Phone:	Email:	
School Nurse:	Phone:	Email:	

Dear Parent/Guardian:
Schools routinely screen vision to identify students who have vision problems or might be at risk for vision problems. We refer students for an eye exam when they do not pass vision screening, or are at risk of a vision problem because of a medical or developmental reason. *Vision screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.*

You are receiving this document because your student (listed above)

- did not pass the vision screening, or
- should have an eye exam because of a medical or developmental risk for vision problem.

It is recommended your student receive a comprehensive eye exam with an eye doctor (an optometrist or an ophthalmologist). It is important to schedule this exam as soon as you can. Do not miss this appointment! If the eye doctor finds a vision problem, early treatment leads to the best possible results for your student's vision.

If you do not have insurance and need financial assistance in obtaining an eye exam and/or glasses for your student, please contact your school nurse to see if you qualify for our eye care program.

Reason(s) for this referral.
☐ Failed visual acuity (☐ distance / ☐ near)
☐ Readily recognized eye abnormality (i.e., strabismus, ptosis)
☐ Known diagnosis of neurodevelopmental disorder (i.e., hearing impairment, cognitive impairment, autism spectrum disorder, speech delay)
☐ Systemic disease known to have associated eye disorder (i.e., diabetes)
☐ Family history of vision problems
☐ Special Education referral/failed benchmark reading assessment
☐ Other (specify):_____

Please complete the Consent and Release of Information block below AND the top part of the back of this page. Take this paper with you to the eye exam and give the form to your eye doctor. Return the completed form to the school after the exam, or ask the eye doctor to send/fax exam results to the school.

CONSENT AND RELEASE OF INFORMATION

By my signature below, I authorize: (1) my student's eye doctor to send exam results to the school, (2) the school nurse and the eye doctor to discuss eye exam results, and (3) for the school nurse to notify the school of any specific vision problems and recommendations related to my student's specific vision needs. I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain an eye exam for my student.

Parent/Guardian Signature:	Date:

COMPREHENSIVE EYE EXAM RESULTS Utah Department of Health in Accordance with UCA 53G-9-404		School Name: Address: City, State, Zip: Phone: Fax:
Date of Referral:		
Student Name:	DOB:	Grade:
Parent/Guardian:	Phone:	Email:
School Nurse:	Phone:	Email:

EXAM RESULTS FROM EYE CARE PROVIDER (optometrist or ophthalmologist):
The above named student is being referred for a comprehensive eye exam based on a recent school screening. **Please complete the section below and return form to the school (address/fax listed above).**
Date of eye examination: Check if appropriate: ☐ No problem on exam ☐ Treatment recommended ☐ glasses or contact lenses ☐ other (specify):_____ Best visual acuity with correction: Right:_____ Left:_____ ☐ Significant vision impairment exists, I recommend referral to the Utah Schools for the Deaf and Blind. Additional notes or recommendations:

EYE CARE PROVIDER CONTACT INFORMATION:		
Provider Name:		Date of exam:
Provider Signature		☐ Ophthalmologist ☐ Optometrist
Address:	City:	Zip:

SYMPTOMS QUESTIONNAIRE

Vision Symptoms Questionnaire

Utah Department of Health in accordance with UCA 53G-9-404

Teachers are required to complete this form if a student does not achieve benchmark on the benchmark reading assessment (grades 1-3) or is being referred for special education services related to a specific learning disability. Parent may also complete this form if there is a vision concern. When completed please give this form to the school nurse for tier 2 evaluation and possible referral to an eye care professional.*

Student Name:	Referral Date:
School:	Grade:
Teacher:	
Name/Title of person completing form:	
Does student wear glasses? ☐ yes ☐ no	

If answer is 'yes' to any areas below, please provide details in the comment section(s).	Yes	No	Comments
1. As a teacher or parent are you concerned with this student's vision?			
Appearance Symptoms	**Yes**	**No**	**Comments**
2. Tilts head, squints, closes or covers one eye when reading			
3. Gaze issues, eyes turn in or out, crossed eyes, eyes wander			
4. Different size pupils or eyes			
5. Watery eyes, eyes appear hazy or clouded			
Complaints (Student Statements) Symptoms	**Yes**	**No**	**Comments**
6. Words float, move, or jump around when reading			
7. Complains of headaches, dizziness, or nausea when reading (please specify)			
8. Complains of itching, burning, or scratchy eyes (please specify)			
9. Complains of blurred or double vision, unusual sensitivity to light, or difficulty seeing (please specify):			
10. History of head injury with vision complaints			
Behavior Symptoms	**Yes**	**No**	**Comments**
11. Loses place when reading			
12. Skips over or leaves out small words when reading			
13. Writes uphill or downhill; difficulty writing in a straight line			
14. Has difficulty copying from the board			
15. Avoids near work, such as reading or writing			
16. Has difficulty lining up numbers when doing math			
17. Has difficulty finishing assignments on time			
18. Holds books too close; leans too close to a computer screen			
19. Clumsy; bumps into things; knocks things over			
Other vision concerns:			

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For School Nurse Use Only:	
Any parent or teacher concern and/or any 'yes' answers should be evaluated by the school nurse to determine if tier 2 screening or referral to an eye care professional is necessary. ***School nurse should use their professional nursing judgement in determining whether the student receives a tier 2 vision screening and/or is referred to an eye care professional, regardless of the answers.***	
Distance vision screened: ☐ Pass ☐ Fail (refer)	Near vision screened: ☐ Pass ☐ Fail (refer)
Eye Focusing or tracking screened? ☐ Yes ☐ No ☐ Pass ☐ Fail (refer)	Convergence screened? ☐ Yes ☐ No ☐ Pass ☐ Fail (refer)
Referred to eye care professional: ☐ Yes ☐ No	Date:
Notes:	
School Nurse Name:	
School Nurse Signature:	Date:

***For Schools without a School Nurse or other approved tier 2 vision screener:**		
Schools without a school nurse should have a 'Designated Vision Point-Person' responsible for referring any vision concerns. *This person should not perform a tier 2 vision screening*, but instead should refer any vision concerns to an eye care professional for a complete eye exam. The Designated Vision Point-Person should evaluate any Symptoms Questionnaires and follow the instructions below. This point-person is also responsible for filing the required Vision Screening Annual Report to UDOH by June 30th each year.		
On any question 1-19	If all answers are 'no'	No referral is necessary
On questions 1-10	If one or more answers are 'yes'	Refer to eye care professional
On questions 11-19	If two or more answers are 'yes'	Refer to eye care professional
Distance vision screened: ☐ Pass ☐ Fail (refer)	Referred to eye care professional: ☐ Yes ☐ No	Date:
Notes:		
Designated Vision Point-Person name:		
Signature:		Date:

Vision Screening Annual Report

Please use this form ONLY if the information was not submitted with the School Health Workload Census.

As required by 2019 Utah code 53G-9-404 (6) (f) (v) this report must be submitted annually by all public LEAs. This report is due by June 30th of each year, and should be emailed to bhinkson@utah.gov. Please call (801) 538-6814 if there are any questions or concerns.		
School Year:	School (or district) Name:	
Person Reporting:	Email:	
Part 1: to be completed by school nurse		
1. Total number of students receiving tier 1 vision screening:		
2. Total number of students **referred** to eye care professional following a tier 1 vision screening:		
3. Total number of students **seen by** eye care professional following a tier 1 vision screening:		
4. Total number of students referred for tier 1 vision screening **receiving treatment** (including rx for glasses or contacts):		
5. Total number of "Vision Symptoms Questionnaires" submitted to the school nurse for evaluation of a tier 2 vision screening:		
6. Total number of students **referred** to an eye care professional following a tier 2 vision screening by a school nurse:		
7. Total number of students **referred automatically** to eye care professional in lieu of tier 2 vision screening:		
8. Total number of students **seen by** eye care professional following a tier 2 vision screening:		
9. Total number of students referred for tier 2 vision screening **receiving treatment** (including rx for glasses or contacts):		
10. Total number of students **receiving financial assistance** for glasses or exam with eye care professional (e.g. VSP, Sight for Students, Friends for Sight, Lion's Club):		
Part 2: to be completed by school if there is NOT a school nurse		
11. Total number of students receiving tier 1 vision screening:		
12. Total number of students referred to eye care professional following a tier 1 vision screening:		
13. Total number of students referred for tier 1 vision screening **receiving treatment** (including rx for glasses or contacts):		
14. Total number of students **referred automatically** to eye care professional in lieu of tier 2 vision screening:		
Comments		

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PROCEDURES

CHECKLIST FOR PLANNING A TIER 1 VISION SCREENING

Checklist for Planning a Tier 1 Vision Screening

- ☐ View or review the UDOH online training module (A) on how to administer a tier 1 vision screening.
- ☐ Schedule the mass vision screening date with the school administration.
- ☐ Notify parent/guardian of mass vision screening date, with an opportunity for the parent to opt-out their child.
- ☐ Reserve the room to be used for the vision screening.
- ☐ Determine how many volunteers will be needed. Ideally, have two volunteers for each screening line. Small schools may only need 5 lines, larger schools may need 10 lines. NEVER use other students as screeners. UDOH will maintain a list of approved outside entities that may assist with tier 1 vision screening.
- ☐ Work with PTA to arrange volunteers. Make sure the volunteers know to be at the school early enough to receive training. All volunteers must be trained prior to assisting with the screening. This can be done by a school nurse OR by volunteers viewing the UDOH online training module (B) for volunteers.
- ☐ Determine how students will be brought to the screening room. Will the teachers be given a scheduled time? Will they be called down from the office?
- ☐ Determine how results will be recorded. Will each screener be given a list of students to mark results for each child? Will the rescreener record results only for those who don't pass (and assume all other pass)? If using this second option make sure you have a procedure set up to know which students are absent the day of the screening, including those students who are tardy.
- ☐ Determine how rescreening will be done. Will it be the same day, different day?

Day of the vision screening:

- ☐ Gather equipment. This includes charts, tape or footprints to mark where the student will stand, occluders, pointing devices, garbage bin, class lists, pen/pencil, etc.
- ☐ Set up the equipment (place charts on the wall at eye level for the students, tape or footprints on the floor, chairs for volunteers, etc.).
- ☐ Determine how results will be recorded. Will volunteers record all results, only those who don't pass, will only rescreener record results, etc.
- ☐ Students who were absent the day of the mass screening should be screened on another day.

Instructions for Volunteers:

1. Come early enough to get instruction on how to proceed.
2. Have student positioned correctly on tape or footprints (arch on measured line).
3. Provide a clean occluder for each student. Student should keep both eyes open and not press the occluder on the eye. No part of the eye should show behind the occluder. Do not allow the student to lean the head or torso forward, turn the face, or tilt the head during testing.
4. Have student cover one eye with occluder, read line. Have student cover second eye, read line.

5. Student must get more than 50% correct with EACH eye to pass. Younger students may need help holding occluder.
6. If students get less than 50% correct with EITHER eye they must be rescreened.
7. If the student wears glasses put occluder OVER their glasses. If the student says they forgot their glasses, screen them anyway (many will still pass). If they do not pass – rescreen on another day.
8. If using two volunteers per line those two volunteers should work together to make sure student doesn't peek around the occluder.
9. Remind volunteers that they need to keep results confidential to comply with privacy laws.

Rescreening

1. Rescreening can either be the same day or a different day, but should be within 30 days of initial screening.
2. If the student cannot pass on the critical line, the rescreener should move up the chart until the student can identify the majority of optotypes correctly. Record this line as the results. Vision acuity is recorded as a fraction. The numerator is always 20. When using the 10-foot chart convert to the 20-foot equivalent. The denominator represents the line the student passes. Therefore, if the student read the symbols on the 32-foot line, record the vision as 20/32.
3. Refer any student who does not pass the screening/rescreening using UDOH vision referral form. Follow-up on all referrals

Follow-up

- ☐ Document results for all students who were screened.
- ☐ Follow-up on all referrals.
- ☐ File annual report with UDOH.

Helpful Tips:

- If the student is unable to pass the line with the first eye there is no need to continue screening. The rescreening will determine the line the student passes. This will allow the mass screening to flow faster and more smoothly.
- Window cards should not be used, masking tape can be placed below the critical line to mark it.
- Vision screening can be done without volunteers, but it will take much longer. DO NOT use students as volunteers. If your school cannot get enough volunteers you can work with community resources to find adult volunteers (e.g. approved outside entities, school staff, parents, college students). If you still cannot get volunteers you may need to screen one class at a time yourself. This will take significantly longer than using volunteers.

Screening Skills: Distance Vision

Purpose: To screen for the clearness of vision when looking in the distance; to detect myopia (nearsightedness), amblyopia, and astigmatism	
Equipment: Eye Chart, occluder, place marker for 10 feet (or appropriate distance)	
Who is Screened Yearly: All students in pre-kindergarten, kindergarten, 1st, 3rd, 5th, 7th or 8th, and 9th or 10th. Should also screen students under age 9 who are new to the district, and any referrals from parents, teachers or staff.	
Skill Steps	**Notes**
Screening Set Up	
Ambient light, maximum natural light, low glare	Tumbling E, Snellen, Allen Pictures, Lighthouse, Sailboat, and Hand charts are no longer acceptable charts for screening.
Eye chart free of yellowing and discoloration	
Appropriate recommended eye chart for age • Sloan: 1st Grade and older • LEA/HOTV: 3yrs – 5yrs or Developmental/Cognitive Delays • Sloan Numbers: English Language Learners	
Placement of chart at student eye level	
Place marker for 10 Feet (or appropriate distance)	
Procedure	
Ask student about glasses/contacts - Keep glasses on if wears glasses full time	See Guidelines for techniques for Pre-K and kindergarten students or students with special needs. Do not isolate individual optotypes. Only point briefly to optotypes.
Position student with *arches* on the line	
Give student age appropriate directions	
Don't allow student to squint, peek, lean forward	
Must identify the MAJORITY of optotypes to pass the critical line • If they pass the critical line, STOP, record as pass for critical line • If they fail the critical line-rescreen either on the same day or another day. • Re-screening should occur within 30 working days	
Pass Criteria for Majority of Optotypes on Critical Line	
• 3 years: 20/50 Pass • 4 - 5 years: 20/40 Pass • Grades 1 and above: 20/30 or 20/32 Pass	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Student cannot pass the screening at the critical line • Inconclusive results • Student, parent, teacher, other school staff has concerns regarding vision • Student has associated health issues that may impact vision (e.g. cerebral palsy, down syndrome, autism, history of prematurity, low birth weight, developmental/cognitive delays) • Unusual eye appearance • Academic concerns • Concerns identified on Symptoms Questionnaire	*Regardless* if student passes the critical line, a referral is recommended if other concerns exist. May consider bypassing screening and refer for evaluation by eye care professional for listed concerns.

Helpful Tips:

- Explain the process to the student:
- Student may point to a training card to match the optotypes to identify what is seen on the chart.
- Demonstrate how to use the occluder. Care should be taken so as not to press on the student's eye when occluding.
- If the student needs help understanding, test from the top of the chart down, if needed. Otherwise, begin with the critical line.
- Remind students not to squint during the test.
- Present optotypes in reverse or inconsistent order between students.
- Familiarize younger students with the optotypes prior to the screening

Screening Skills: Near Vision

Purpose: To screen for ability to focus on near objects. This has also been referred to as "farsightedness".	
Equipment: Sloan near vision chart (or other acceptable chart such as LEA, HOTV, Sloan Numbers) and occluder	
Who is Screened: Optional tier 2 test may be performed on student grade 1 and older upon referral/concern from teacher, parent or nurse. *Do NOT screen near vision for pre-school or kindergarten students.*	
Skill Steps	**Notes**
Screening Set Up	
Ensure adequate lighting	
Chair for student	
Appropriate chart for student's developmental level	
Procedure	
Hold the card at eye level. Make sure that the room is well lit, and that it is free from shadows.	Some near vision cards include a measuring cord. Do not isolate individual optotypes. Only point briefly to optotypes.
If a child is already wearing glasses or contact lenses, attempt to determine the reason for the correction. If the glasses are for reading, test the child with and without glasses in order to obtain a baseline. If the glasses are to correct for a distance vision problem, testing the child with his/her glasses on will produce a better result.	
Measure the exact distance from the acuity card to where the student will be positioned. Hold chart the distance recommended by the manufacturer.	
Don't allow the child to lean the torso forward or tilt the head forward.	
Near screening can either be done with each eye separately (monocular) or both eyes together (binocular). Each LEA should determine which method they will use. Screening both binocular and monocular is unnecessary.	
Screen near vision at critical line appropriate for age. If the student cannot pass the critical line move up on the chart to determine what line they can read.	
Pass Criteria for Near Vision Screening Card	
The ability to identify the majority of optotypes on the 20/30 (or 20/32) line is a **PASS**. Rescreening is not required for near vision.	Since this test is done on students in first grade and above, only the 20/30 or 20/32 critical line is used
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Failure in one eye or both constitutes a referral.	

Helpful Tips:

- Explain the process to the student
- Make sure student does not lean forward
- Follow manufacturer's instructions

Screening Skills: Color Vision

Purpose: Identify any deficiency in the ability to recognize color.	
Equipment: Pseudoisochromatic plates for screening. There are online programs/apps available.	
Who is Screened: Optional tier 2 test may be performed (not required) **on students age pre-kindergarten and older** upon referral/concern from teacher, parent or nurse.	
Skill Steps	**Notes**
Screening Set Up	
Ensure adequate lighting	Dim lighting can result in inaccurate results
Table or desk	
Procedure	
Seat student comfortably at table or desk next to screener	Do not use fingers or pencil to trace. Oil on the skin can cause color change to the plates
Following manufacturer's instructions, show student how to use a clean soft paint brush or clean cotton tipped swab to trace symbols on the color plate.	
Pass Criteria for Color Vision Screening	
Follow manufacturer's instructions for color vision screening. Rescreening is not required for color vision.	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Follow manufacturer's instructions for color vision screening • **Referral to an eye care professional is not necessary for confirmation of color deficiency.**	

Helpful Tips:

- Inform teachers and counselors of the student's color vision difficulties so that they may adjust educational materials to situations where color discrimination is required.
    - Help the student to develop skills to compensate

Screening Skills: Instrument-Based Screening Device

Purpose: Automated device that measures risk factors for amblyopia, such as refractive error, media opacities and eye misalignment.	
Equipment: Approved device (SPOT vision screener, Sure Sight, Plusoptix).	
Who is Screened: Students pre-kindergarten up to age 5 years old, students with difficulty performing traditional vision screening techniques.	
Skill Steps	**Notes**
Screening Set Up	
Ensure appropriate lighting	Dim lighting is best for pupil dilation and accuracy of screening device
Chair for student	
Procedure	
Seat student in chair.	Some auto-refractors make noise; this is helpful for the students to draw their attention to the machine.
Follow manufacturer's instructions for screening.	
Pass Criteria for Screening Device Screening	
Follow manufacturer's instructions for screening device screening and referral criteria. It has been reported that some devices have inconsistent results. If using the SPOT device the student should be screened twice. If the two results are different, a third screening is recommended.	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Follow manufacturer's instructions for screening device screening • Student should be referred to an eye care professional for confirmation of screening device findings if abnormal	This is only a screening tool, it is not diagnostic nor should the importance of a formal eye exam by an eye care professional be discounted.

Helpful Tips:

- Results will not be given using acuity measures.
- List results as pass or fail, do not list potential diagnosis.

Screening Skills: Student with Special Needs

Purpose: To assist screening of students with special needs.	
Equipment: Vision charts appropriate to student's developmental level.	
Who is Screened: Students with special needs should be screened at the same interval as typical students. Students being evaluated for special education and those with an IEP must be reevaluated every three years.	
Skill Steps	**Notes**
Screening Set Up	
Ensure adequate lighting	
Follow same set-up for typical students	
Procedure	
If using LEA symbols familiarize student with symbols ahead of time. Accept the name the student suggests.	Use of an instrument-based screening device may be beneficial.
If a student cannot name the optotypes and your eye chart includes response panels and individual flash cards, ask the student to play a matching game by pointing to the symbol on the response panel that matches the symbol on your chart.	
Refrain from giving young students responsibility for their own occlusion. Students are likely to peek, especially if one eye has amblyopia or blurred vision.	
Refrain from displaying one optotype at a time	
For students who are untestable, refer to an eye care professional for a complete eye examination.	
Pass Criteria for	
Same as for typical students.	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Same as for typical students • Student is untestable • Student has associated health issues that may impact vision (e.g. cerebral palsy, Down syndrome, autism, history of prematurity or low birth weight, developmental/cognitive delays).	

Note: Utah rule requires students being evaluated for eligibility for special education, and every three years for their reevaluation, must have vision issues ruled out. These students may be referred to an eye care professional for a thorough eye examination.

Screening Skills: Oculomotor Testing, Eye Tracking Skills to Include Saccades and Pursuits

Purpose: To screen eye movement	
Equipment: Tools needed: 2 different targets (e.g. different colored pens or pencils, stickers on a tongue depressor).	
Who is Screened: Optional tier 2 test may be performed on students grade 1 and above upon referral/concern from teacher, parent or nurse.	
Skill Steps	**Notes**
Screening Set Up	
Ensure adequate lighting	
Procedure	
The student stands with feet shoulder-width apart, arms hanging naturally at their side, directly in front of the examiner.	Saccade means horizontal jump eye movement, or side-to-side. Slow pursuit eye movement refers to circular movement, clockwise and counter-clockwise.
Do not give instructions on head or body movement. Scoring of the test is based on whether or not the student is able to track with eyes only or has to use his/her head or body.	
Test distance from the patient: testing is done at the student's reading distance (12 to 16 inches) and is done binocularly.	
Saccades are performed in the horizontal meridian only (five round trips). Saccade extent should be no more than ~ 4 inches on each side of the patient's mid-line (~ 8 inches total). Complete five round trips. Instructions to students for saccades: 1. "When I say red, look at the tip of the red pen. 2. "When I say blue, look at the tip of the blue pen. Remember, don't look until I tell you to."	
Pursuits are performed rotationally, both clockwise (two rotations) and counterclockwise (two rotations). Pursuit path should be no more than ~ 8 inches (20 cm) in diameter. The upper and lower extent of the circular path should coincide with the patient's mid-line. Complete two rotations clockwise and two rotations counterclockwise. Instructions to students for pursuits: 1. "Watch the tip of the pen as it goes around. Don't ever take your eyes off the pen."	
Pass Criteria for Eye Tracking	
Saccades: the student should be able to complete smooth, precise round trips without using large head or body movements or over-jumping or under-jumping the target. No rescreening is required. Pursuits: the student should be able to track the object without using large head or body movements. No rescreening is required.	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Referral to an eye care professional is recommended if the student must use large head or body movements instead of his/her eyes to track the target, or if the student is unable to complete the task.	

Helpful Tips:

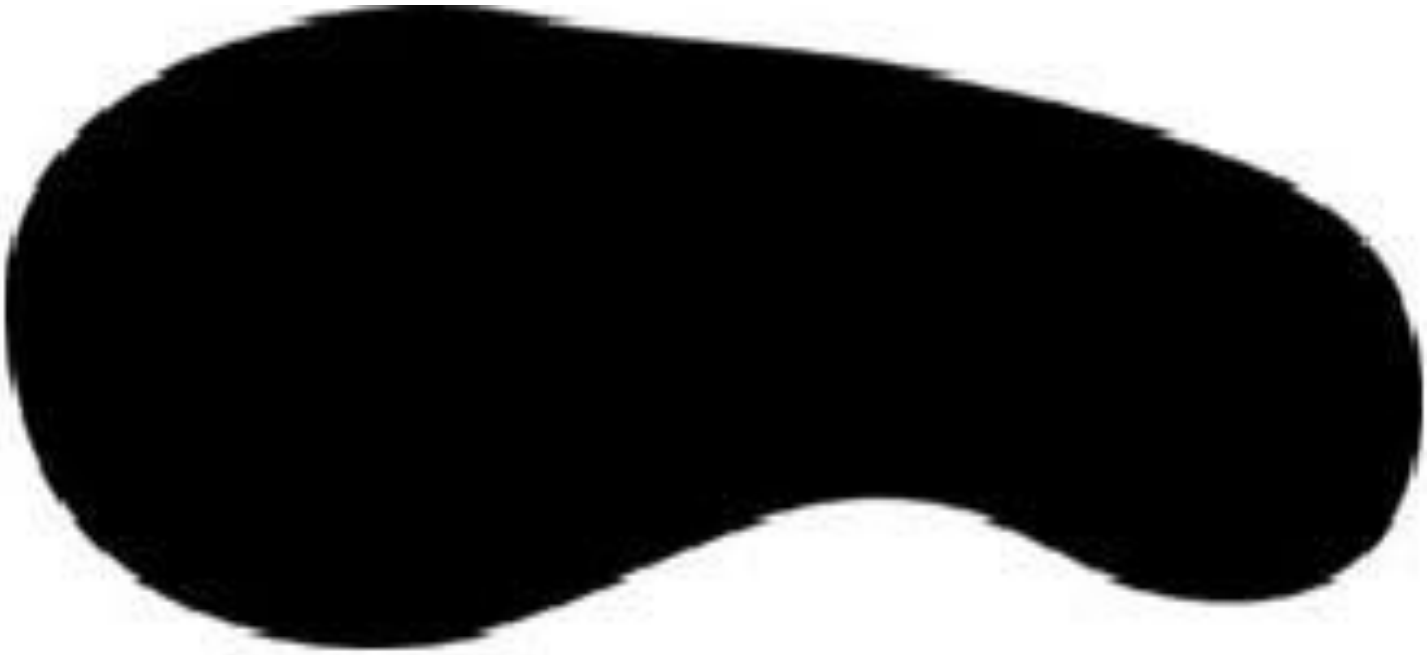
- Consider using the Symptoms Questionnaire to obtain more vision-related information from teachers and parent/guardian

Screening Skills: Near Point Convergence

Purpose: To determine the ability of the eyes to focus on a single object at close range.	
Equipment: A small hand-held fixation target that requires visual accommodation. Examples: finger puppet, pencil puppet, or tongue depressor with a picture sticker attached to the end.	
Who is Screened: Optional test may be performed on students in pre-kindergarten and older upon referral/concern from teacher, parent or nurse.	
Skill Steps	**Notes**
Screening Set Up	
Ensure adequate lighting	
Procedure	
Position student directly in front of screener	
If the student was prescribed glasses for full-time use, screen with the glasses. If glasses were prescribed for part-time near use only, screen without glasses. If student doesn't know whether glasses are for near or distance use, screen with and without glasses.	
Hold the fixation target at 18 inches from the student's face.	
Instructions to students: 1. Have the student to look at the target as the screener moves it slowly toward the bridge of the student's nose stopping before the student's nose. 2. Let the student know that you will not touch them with the target. 3. Tell the student to let you know right away if the target splits in half or becomes two objects.	
As the target is moved toward the student's nose, observe the eye movement. Keen observation is needed. Eyes should converge towards nose in a smooth and even manner. Be aware of shaking, uneven or drifting eye movement.	
Repeat the test three times. Watch the eyes to determine the distance from the nose if student reports that the target splits in half or becomes two objects. Record the number in inches. Student should NOT see two targets.	
For all failures, repeat the test to make sure the student did not just look away at that moment. If having difficulty determining a pass or fail, you may repeat the test or refer to an eye care professional.	
Pass Criteria for Near Point Convergence	
The student should be able to converge to at least 3-4 inches, measured from the bridge of the nose. A normal response is a movement of both eyes nasally, with convergence of the two axes of the eyes. An inability of the eyes to converge to within 3 inches of the nose may be related to convergence insufficiency, limited accommodation, a problem with the extra ocular muscles, or a frank neurological ocular or systemic condition. Referral to an eye care professional is recommended if the child is unable to maintain convergence to within 3 inches of the nose, one eye turns out, or excessive strain is noted. No rescreening is required.	
Referral Criteria	
Recommended that Students Receive an Evaluation by an Eye Care Professional • Document in the student's health file and continue to be on alert for teacher concerns	

Helpful Tips:

- This skill requires practice
- Consider using the Symptoms Questionnaire to obtain more vision-related information from teachers and parent/guardian

FOOTPRINTS:

If you use this, ensure the screening distance is between the chart and the child's eyes. The child stands with arches of feet at the end of the screening distance, not toes to the line or heels to the line. If using a chair, the distance is measured to the back of the chair and the student sits with back to back of chair.