

RI Early Intervention Screening for Vision Loss or Changes in Vision



Child's Name		DOB	Age	ID	Date	
Column 1			Column 2			
Yes	No		Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns about your child's vision? If yes, please explain				At 0-3 months, did/does your child:
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smile at other people?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look at their own hands?
<input type="checkbox"/>	<input type="checkbox"/>	Have you/other parent ever had a medical condition related to your eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look at parent(s) as they enter the room?
<input type="checkbox"/>	<input type="checkbox"/>	Do your child's eyes appear to cross, turn in or wander?				At 4 – 6 months, did/does your child?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watch a ball drop on the floor and roll away?
<input type="checkbox"/>	<input type="checkbox"/>	Are your child's pupils or eyes different sizes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look back and forth between 2 objects?
<input type="checkbox"/>	<input type="checkbox"/>	Have you noticed any rapid back and forth movement of your child's eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice something small like a raisin when it is 12 inches away?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach and grasp at toys?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child press on or poke at their eye(s)?				At 7-9 months, did/does your child?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child tilt or turn their head in an unusual way when looking at something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look for dropped toys?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attempt to move toward an object that is at least 5 feet away?
<input type="checkbox"/>	<input type="checkbox"/>	Was your child born prematurely or on oxygen while in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Try to grab hair, jewelry or glasses?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child ever bring objects very close to their face in order to see better?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pick up or attempt to pick up a small object?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child ever squint when in normal lighting? If yes, when? _____				At 10 – 18 months, does/did your child?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a health condition associated with vision loss (see examples on next page)? Or other diagnosis or medical concerns? If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	React to facial expressions of others such as frowns or smiles?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Show an interest in picture books?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach in to a container and pull out objects easily?
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice objects or people outside through a window?
<p><i>If you answered “yes” to any questions in Column 1 and/or “no” to any question in Column 2, it is recommended that you schedule a comprehensive eye exam for your child by a pediatric optometrist or ophthalmologist. A copy of this vision screening should be given to the eye care provider, as well as your child’s pediatrician.</i></p>						

REQUIRED FOR INITIAL ELIGIBILITY ONLY OR OPTIONALLY IF CONCERNS ARISE



Child's Name DOB Age ID Date

Based on the results of this assessment:

- We recommend your child receives a comprehensive eye examination with a pediatric optometrist or ophthalmologist** (enter FER on Evaluation Summary page)
- Parents/Guardian has received **RI Guide to Your Child's Vision**, which includes a list of pediatric optometrists and ophthalmologists
- We have learned your child is currently being followed by an optometrist or ophthalmologist** (enter FER on Evaluation Summary page)
Optometrist /Ophthalmologist Name: Dr. _____
Child's next scheduled appointment is on / /
- No concerns have been identified at this time. Your child should continue with recommended screenings by their pediatrician and EI will revisit this screening at, or before the annual IFSP review** (enter WNL on Evaluation Summary page)

Parents/Guardian: If applicable, remember to give your consent for Early Intervention to obtain a copy of your child's eye examination report.

There are many medical conditions that can impact a child's vision. This is a list of some that will require a child to be closely followed by a pediatric ophthalmologist.

- | | | | |
|------------------------|----------------------|---------------------------|-----------------|
| • Strabismus | • Optic Atrophy | • Osteogenesis Imperfecta | • Trisomy 13 |
| • Congenital Cataracts | • Tuberous Sclerosis | • Galactosemic | • Trisomy 18 |
| • Congenital Glaucoma | • Marfan syndrome | • Hypocystinuria | • Down Syndrome |
| • Retinal Degeneration | • Cerebral Palsy | • CHARGE syndrome | • Albinism |

The American Academy of Ophthalmology and the American Association for Pediatric Ophthalmology and Strabismus recommend the following schedule for pediatric vision screening:

Newborn. An ophthalmologist, pediatrician, family doctor or other trained health professional should examine a newborn baby's eyes and perform a red reflex test (a basic indicator that the eyes are normal). An ophthalmologist should perform a comprehensive exam if the baby is premature or at high risk for medical problems for other reasons, has signs of abnormalities, or has a family history of serious vision disorders in childhood.

Infant. A second screening for eye health should be done by an ophthalmologist, pediatrician, family doctor or other trained health professional at a well-child exam between six months and the first birthday

Preschooler. Between the ages of 3 and 3½, a child's vision and eye alignment should be assessed by a pediatrician, family doctor, ophthalmologist, optometrist, orthoptist or person trained in vision assessment of preschool children.

American Academy of Ophthalmology 2019
<https://www.aao.org/eye-health/tips-prevention/children-eye-screening>

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