

# Ohio EI Vision Checklist



Child's name \_\_\_\_\_

Child's DOB \_\_\_\_\_

ETID number \_\_\_\_\_

\_\_\_\_\_  
Evaluation and assessment team members

\_\_\_\_\_  
Date of completion

The Ohio EI Vision Checklist is conducted by any EI provider who is qualified to conduct evaluations and assessments (E/A). The checklist is completed for **ALL** children during their initial eligibility or child assessment **AND** during their annual child assessment. The results of the checklists must be included within both the evaluation summary on EI-03 (if an evaluation was completed) and the child assessment summary of the IFSP. Upon completion of the assessment, the E/A team will determine whether there is a need for consultation with their team's designated vision service provider.

## PRIOR VISION SCREENING OR VISION EVALUATION

This section can be accomplished by review of medical records and/or through an interview with the parent.

### Vision Screening/Evaluation Results

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Evaluation procedure used: \_\_\_\_\_

Conducted by: \_\_\_\_\_

Results and recommended follow up: \_\_\_\_\_

## RISK FACTORS FOR VISION IMPAIRMENT

This review can be accomplished by review of medical records and/or through an interview with the parent. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> NICU stay greater than 5 days   | <input type="checkbox"/> Cerebral palsy                     |
| <input type="checkbox"/> Prematurity (less than 37 weeks gestation)  | <input type="checkbox"/> CHARGE syndrome                    |
| <input type="checkbox"/> Intrauterine drug exposure  | <input type="checkbox"/> Fetal Alcohol Syndrome             |
| <input type="checkbox"/> Meningitis  | <input type="checkbox"/> Hydrocephalus                      |
| <input type="checkbox"/> Encephalitis  | <input type="checkbox"/> Hypoxia, anoxia, birth trauma      |
| <input type="checkbox"/> Down Syndrome   | <input type="checkbox"/> Seizures                           |
| <input type="checkbox"/> Hearing loss  | <input type="checkbox"/> Head trauma/Traumatic brain injury |
| <input type="checkbox"/> Stroke or intraventricular hemorrhage (IVH grade I, II, III, or IV)   |   |
| <input type="checkbox"/> Family history of eye misalignment diagnoses (such as amblyopia or strabismus)  |   |
| <input type="checkbox"/> Family history of hereditary vision loss (such as retinoblastoma, albinism)   |   |
| <input type="checkbox"/> In utero infections, such as cytomegalovirus (CMV), rubella, herpes, toxoplasmosis, or syphilis                               |   |
| <input type="checkbox"/> Other syndromes such as Goldenhar, Hurler, Marfan, Norrie, Refsum, Trisomy 13, Tay-Sachs, neurofibromatosis, Lowe's, Stickler |   |

## BEHAVIORAL OBSERVATIONS

Information gathered from evaluation and assessment tools in addition to informal observation and parent report may be used to complete this checklist. Start at the age range most appropriate for the child's developmental age. Check all that apply.

|  |   |
|--|---|
| <p><b>By 3 months:</b></p> <input type="checkbox"/> Smiles at others<br><input type="checkbox"/> Watches own hands   | <p><b>By 6 months:</b></p> <input type="checkbox"/> Tracks rolling ball<br><input type="checkbox"/> Shifts gaze between two objects<br><input type="checkbox"/> Displays smooth-following eye movements in all directions   |
| <p><b>By 12 months:</b></p> <input type="checkbox"/> Looks at a small object (e.g. raisin, Cheerio)<br><input type="checkbox"/> Recognizes familiar objects across room (8-10 feet)<br><input type="checkbox"/> Looks at pictures in books<br><input type="checkbox"/> Reaches into container for object<br><input type="checkbox"/> Follows rapidly moving object | <p><b>By 18 months:</b></p> <input type="checkbox"/> Identifies family members at a distance<br><input type="checkbox"/> Points to two large pictures in a book<br><input type="checkbox"/> Imitates crayon stroke<br><input type="checkbox"/> Matches objects with pictures of objects |

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**By 24 months:**

- Points to distant objects of interest outdoors
- Recognizes fine detail in pictures
- Eyes exhibit ability to move together and point inward when looking at nearby objects (convergence)
- Walks up and down stairs with support
- Navigates uneven surfaces smoothly when walking

**By 36 months:**

- Copies a circle
- Eyes smoothly move together and point inward when looking at nearby objects (convergence)

**OBSERVATION OF THE EYES**

*Information gathered from evaluation and assessment tools in addition to informal observation and parent report may be used to complete this checklist. Check all boxes that apply to indicate high-risk signs for vision impairment that are present.*

**Unusual gaze or head positions:**

- Tilts/turns head when looking at an object
- Holds object close to eyes
- Averts gaze or seems to look beside, under, or above the object to focus

**Unusual eye movements:**

- Involuntary rhythmic/jerky eye movements (nystagmus)
- One or both eyes turning in/out/up/down
- Absence of eyes moving together, or sustained eye turn after four to six months of age

**Atypical appearance of the eyes:**

- Drooping eyelid which obscures the pupil
- Persistent redness of conjunctive (normally white)
- High sensitivity to bright light, indicated by squinting, closing eyes, or turning head away
- Obvious abnormalities in shape or structure of eyes
- Persistent tearing without crying
- Absence of a clear, black pupil
- Clouding of the eye

**Absence of the following behaviors:**

- Eye contact by age three months
- Visual fixation or following by three months
- Accurate reaching for objects by six months

**ASSESSMENT ANALYSIS**

*The E/A team analyzes the information above to determine next steps. The E/A team will list any current vision accommodations, treatments, or devices as well as their recommendations, if applicable.*

Are there any prior vision screening or vision evaluation concerns? Yes  No

Are there any risk factors for vision loss? Yes  No

Are there any missing skills within the behavioral observation: Yes  No

**Existing vision supports/strategies:**

**Optional Notes:**

**E/A team recommendations:**