|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ​ |  |  |  |  |  |
| 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NICU stay greater than 5 days |  | Cerebral palsy | |
|  | Prematurity (less than 37 weeks gestation) |  | CHARGE syndrome | |
|  | Intrauterine drug exposure |  | Fetal Alcohol Syndrome | |
|  | Meningitis |  | Hydrocephalus | |
|  | Encephalitis |  | Hypoxia, anoxia, birth trauma | |
|  | Down Syndrome |  | Seizures | |
|  | Hearing loss |  | Head trauma/Traumatic brain injury | |
|  | Stroke or intraventricular hemorrhage (IVH grade I, II, III, or IV) | | |
|  | Family history of eye misalignment diagnoses (such as amblyopia or strabismus) | | |
|  | Family history of hereditary vision loss (such as retinoblastoma, albinism) | | |
|  | In utero infections, such as cytomegalovirus (CMV), rubella, herpes, toxoplasmosis, or syphilis | | |
|  | 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.*

|  |  |
| --- | --- |
| **By 3 months:**  Smiles at others  Watches own hands | **By 6 months:**  Tracks rolling ball  Shifts gaze between two objects  Displays smooth-following eye movements in all directions |
| **By 12 months:**  Looks at a small object (e.g. raison, Cheerio)  Recognizes familiar objects across room (8-10 feet)  Looks at pictures in books  Reaches into container for object  Follows rapidly moving object | **By 18 months:**  Identifies family members at a distance  Points to two large pictures in a book  Imitates crayon stroke  Matches objects with pictures of objects |
| **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:** Click or tap here to enter text. |
| **Optional Notes:** Click or tap here to enter text. |
| ​**E/A team recommendations:** Click or tap here to enter text. |