Vision Screening Checklist

Child’s Name: ________________________ Date of Birth: _____ - _____ - ____

Date of Screening: __ - __ - __ Screener Name: ___________ Agency: __________

Birth to 1 Month:

**Yes**  **No**

____ ____ Pupil reaction to light.
____ ____ Blinks when light is too bright.
____ ____ Fixates on face (eye contact).

____ ____ Eyes turn the opposite direction that head turns or tilts; this reflex (doll’s eyes reflex) is inhibited after a few weeks as an infant’s fixation increases.

1 to 3 Months:

____ ____ Stares at light source.
____ ____ Eye movements poorly coordinated (may not always appear to be straight or work together).

____ ____ Fascinated by lights and bright colors.
____ ____ Shifts eyes toward sound source.
____ ____ Follows or tracks a slowly moving object horizontally. Tracks from center to side to side to center (can’t cross midline).

____ ____ Emerging convergence on objects as close as 5 inches.
____ ____ Visually inspects nearby surroundings (may move head and eyes as well as body)

____ ____ Watches own hand movements.
____ ____ Prefers to look at some pictures, people, toys longer than others, alerts to favorite object.

3 to 5 Months:

____ ____ Looks at objects in hands momentarily.
____ ____ Looks at hands and plays with hands at midline.
____ ____ Shifts gaze from hand to object and from object to hand.
____ ____ Fixates on object at 3 feet distance.
Revised 12-10-18

Child’s Name:_________________________ Date of Birth:______-______-______
Date of Screening:____-____-____ Screener Name:_________ Agency:__________

___ ___ Reaches for caregiver’s face.
___ ___ Reaches for dangling toy.
___ ___ Follows a moving object over 180 degree arc.
___ ___ When sitting or laying down, turns head to either side to look at something she or he hears.
___ ___ Watches object dropped.
___ ___ Visually directed reach and grasp.

5 to 7 Months:
___ ___ Fixation fully developed.
___ ___ Eyes appear to be in balance with each other. Any deviation (in, out, up or down) seen at 6 months should be followed medically.
___ ___ While sitting, tracks a toy moving across the table.
___ ___ Looks into mirror and may smile or pat image.

7 to 12 Months:
___ ___ Turns to look for objects out of reach.
___ ___ Looks after toys which fall to the floor when sitting in a chair.
___ ___ Removes cover to obtain toy which was hidden.
___ ___ Looks at small objects, e.g., Cheerio, raisin, or cereal.
___ ___ Tilts head to look up.
___ ___ Looks at picture in book.
___ ___ Eye-hand coordination developing.
___ ___ Fix, follow, shift, scan, converge & diverge well developed and integrated into functional skills: reaching, manipulation, self-care, play, getting around, exploring and observing.

1 to 2 Years:
___ ___ Finds different object from a group of like objects.
___ ___ Interest in pictures.
___ ___ Marks and scribbles.
___ ___ Points to object asked for on a picture.
___ ___ Looks at picture book.
___ ___ Points to familiar persons, animals, or toys on request.
Child’s Name:_________________________Date of Birth______-______-______
Date of Screening____-____-____Screener Name:_________Agency:__________
____ ____ Imitates isolated marks and circular motion with crayon.
____ ____ Interested in TV momentarily.
____ ____ Visually searches for missing object or person.

2 to 3 Years:
____ ____ Imitates adult making vertical or horizontal lines with pencil/crayon.
____ ____ Imitates circle with pencil or crayon.
____ ____ Matches colors (red, yellow, blue, black, white).
____ ____ Discrimination and identification of familiar objects such as toys, foods or clothing.
____ ____ Matches pictures to objects and pictures to pictures.
____ ____ Points to body parts on doll or in picture when asked.
____ ____ Names or points to self in photograph.
____ ____ All optical skills smooth.

Symptoms of possible eye problems
____squinting _____ light gazing
____ frequent blinking _____ red, encrusted, swollen eyes
____ sensitivity to light _____ crossed eyes
____ inflamed or watery eyes _____ eye wanders (after 6 months of age)
____ frequent rubbing of eyes _____ stumbling or falling over objects
____ over or under reaching of objects

Physician information:___________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Outcome: Referral to:
____ Ophthalmology evaluation Date: ___ - ___ - ____
____ Early On® Date: ___ - ___ - ____


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