



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.

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- _____ _____ 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.

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____ 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: ____ - ____ - ____ and

____ **Early On®**

Date: ____ - ____ - ____

Compiled by Connie Doss & Catherine Hula, Ingham ISD, Reformatted by EOTTA 5/6/05. Bibliography: Li, A., Hwang, T., Hula, C. 1994 **Educational and Functional Vision Evaluation for the Visually Impaired** (EFVE) Michigan Eye Health Resource Center, **Eyes to See**, Upshaw Institute for the Blind.