VISION AND HEARING SCREENING
TEXAS DEPARTMENT OF HEALTH
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756
(512) 458-7420
VISION AND HEARING SCREENING

TRAINING in
Vision Screening
Hearing Screening

PRESENTATIONS in
Hearing Disorders
Audiometer Care & Maintenance
Trouble-Shooting Hearing Aids

AUDIOMETER LOAN to
Registered Users of Audiometers

PACT SERVICES for
Financially Eligible Children
Ages, Birth through 20 Years
* Audiological evaluation
* Otological Evaluation
* Hearing Aid Evaluation
* Provision of Hearing Aid(s)
* Hearing Aid Check
DEFINITION OF VISION SCREENING

BRIEF TEST(S) TO DETERMINE WHETHER A PERSON'S VISION FALLS WITHIN NORMAL RANGE

SCREENING ANSWERS ONLY

ONE QUESTION

DOES THE PERSON NEED FURTHER ASSESSMENT?
80% of learning is visual
1 IN 4 SCHOOL-AGE CHILDREN HAS A VISION PROBLEM
FIVE STEPS OF A VISION SCREENING PROGRAM

1. IDENTIFICATION through Screening

2. REFERRAL to Eye Care Professional (Ophthalmologist or Optometrist)

3. TREATMENT (when indicated)

4. EDUCATIONAL RECOMMENDATIONS

5. TRACKING AND FOLLOW-UP
EARLY DETECTION IDENTIFIES

CHILDREN NEEDING:

1. GLASSES

and / or

2. SPECIAL EDUCATION ASSISTANCE
APPROPRIATE VISION TESTS CAN IDENTIFY:

AMBLYOPIA
"LAZY - EYE BLINDNESS"

MISALIGNED EYES

FAR - SIGHTEDNESS

NEAR - SIGHTEDNESS

ASTIGMATISM
AMBLYOPIA

PROGNOSIS with TREATMENT
Below 4 Years of Age = GOOD
Between 4 - 6 Years of Age = FAIR
Over 6 Years of Age = POOR

EARLY DETECTION = IMPERATIVE
FOR POTENTIAL REMEDIAL CARE

PRIMARY REASON
FOR
PRESCHOOL VISION SCREENING
VISUAL ACUITY

-- OR --

SHARPNESS OF VISION

MEASURED AND RECORDED AS AN
INTERNATIONALLY RECOGNIZED FIGURE

20 / 20

(20 / 20 = NORMAL DISTANCE ACUITY)
DISTANCE VISUAL ACUITY

NUMBER CHANGES WITH PERSON'S

A PERSON CAN READ FROM 20'

LINE ON THE EYE CHART WHICH

DISTANCE FROM THE EYE CHART

\[
\begin{align*}
20 &/ 50
\end{align*}
\]
20/20 Vision

You’ve heard the term 20/20 used to describe how well a person can see, but what does it really measure? A person with 20/20 vision can see an object 20 feet away clearly and an object 40 feet away slightly less clearly. A child with 20/40 vision must stand as close as 20 feet away to read a sign that should be readable from 40 feet.
DISTANCE ACUITY MATERIALS

1. DISTANCE ACUITY CHARTS (3)
2. "WINDOW" & PLAIN COVER CARDS
3. PAPER CLIPS
4. STEEL TAPE OR HEAVY CORD
5. MASKING TAPE OR "FOOTPRINTS"
6. OCCLUDERS
7. PAPER SACK OR WASTEBASKET
8. PLAIN BROWN OR "BUTCHER" PAPER
9. FLEXIBLE LAMP(S) (when needed)
10. POINTERS
11. SMALL TABLE (for H:O:T:V response panel)
12. EXTENSION CORD
13. LIGHT METER (optional)
14. M - 60 or OTHER SCREENING RECORD
H O T V AS OBJECTS FOR 3 METERS (10 FEET)
by OTTO L. MAN M.D.
VARY DISTANCE NO MORE THAN 10%
For the very young and illiterate.
This HOTV matching method chart must be used with an
HOTV recognition panel and four flash cards.
PRETEST
TO SELECT APPROPRIATE CHART

1. SNELLEN LETTER CHART:
   PRETEST: Person identifies variety of letters (ideally large print)
   PASSING Criteria: 100% Accuracy *

   -- FAILURE --

2. SNELLEN TUMBLING "E" CHART:
   PRETEST: Person duplicates all 4 directions of "E" legs
   PASSING Criteria: 100% Accuracy *

   -- FAILURE --

3. H:O:T:V MATCHING SYMBOL TEST:
   PRETEST: Person matches each symbol
   PASSING Criteria: 100% Accuracy *

* ALL ANSWERS MUST BE CORRECT.
TEACHING "E" GAME
(IN GROUPS)

WHO FOR:
* CANNOT IDENTIFY LETTERS
* CAN LEARN DIRECTIONAL MATCHING

TEACHING METHOD:
1. Show open side of E
2. Show open side of 3 fingers (or another E)
3. Ask children to make fingers / E open to same direction as training E
4. Conduct Pretest
   FAIL -- Repeat steps 1-4
   PASS -- Play game with chart E's
            * Up close, both eyes
            * Move child gradually back to proper distance for screen
5. Conduct Pretest to assure accuracy
   FAIL -- Repeat process OR
           -- Consider H:O:T:V chart
   PASS -- Begin SCREENING
H:O:T:V MATCHING SYMBOL TEST MATERIALS

TEXAS MODEL INCLUDES:

* 9" X 14" CHART for use ONLY AT 10'

* 4 - OBJECT RESPONSE PANEL

* 4 FLASH CARDS with Letters: H, O, T, and V

* COVER CARDS WINDOW and LINEAR
TEACHING H:O:T:V GAME
(WITH ONE CHILD ONLY)

WHO FOR:
(VERY YOUNG, MHMR, LANGUAGE BARRIER)
* CANNOT LEARN DIRECTIONAL MATCHING
* CAN LEARN SIMPLE MATCHING

TEACHING METHOD:
1. Show 1 Flash Card at a time
2. Ask child to point to one like it on Response Panel
   CORRECT RESPONSE --
   Repeat with all 4 Flash Cards
   WRONG OR NO RESPONSE --
   i. Trace letter on Flash Card with child’s finger
   ii. Trace same letter on Response Panel with child’s finger
   iii. Repeat until child can match accurately alone
3. Conduct Pretest
VISION SCREENING ENVIRONMENT

1. QUIET ROOM

2. UNCLUTTERED, UNPATTERNED WALL

3. NORMAL LIGHT, WITHOUT SHADOWS OR GLARE

4. PASSING LINE (20/40 OR 20/30) AT CHILD'S EYE LEVEL

5. MEASURE 20' DISTANCE FROM 20' CHART (10' FROM 10' CHART)

6. 20' OR 10' DISTANCE WHERE CHILD SHOULD STAND
USING WALL WITHOUT WINDOWS

GODSNECK LAMP
3 feet from chart
at a 45' angle,
when needed

Block incoming
light sources
when a glare is
produced

20'
DISTANCE ACUITY SCREENING

1. CREATE GOOD ENVIRONMENT

2. ASSEMBLE NEEDED MATERIALS

3. POSITION ASSISTANTS

4. PLACE CHILD'S HEELS AT 20' OR 10' SPOT

5. IF YOUNG CHILD, TEACH GAME ON CHART

6. IF YOUNG CHILD, HAVE "READ" OVER CHART WITH BOTH EYES

7. IF CHILD WEARS GLASSES, SCREEN WITH GLASSES ON

8. COVER CHILD'S LEFT EYE, TELL TO KEEP BOTH EYES OPEN
DISTANCE ACUITY SCREENING

9. TEST RIGHT EYE FIRST:
   a. Show 1 line at a time
      -- LINEAR METHOD
   b. Avoid Isolated Method
   c. Point to Letters in SNAKE-LIKE PATTERN
   d. BEGIN 1 LINE ABOVE PASSING LINE
   e. TEST TO 20/20 LINE or to 1st Line Missed

10. RECORD RIGHT EYE ACUITY

11. REPEAT PROCEDURES FOR LEFT EYE -- POINTING TO LETTERS BACKWARDS

12. RECORD LEFT EYE ACUITY

13. INDICATE PASS OR FAIL ON CHILD'S HEALTH RECORD
TO PASS A LINE

PERSON SCREENED CORRECTLY "READS" ONE MORE THAN HALF THE SYMBOLS ON A LINE

FAILING A LINE

ACUITY IS THEN DETERMINED -- IT IS THE LINE ABOVE LINE FAILED, e.g., FAIL 20/30 LINE, DISTANCE ACUITY = 20/40
OBSERVABLE SIGNS OF POSSIBLE VISUAL PROBLEMS

* Persistent Crusts or Red Eyelids
* Recurring Styes or Swollen Eyelids
* Squinting or Covering an Eye
* Awkward Positioning of Head
* Frequent Rubbing of Eyes, Frowning, or Losing Place When Reading
* Reading Matter Held at Unusual Angle or Distance
* Tearing or Excessive Blinking
* Lack of Interest in Critical Seeing Tasks
* Opacity of Cornea
* Overly Sensitive to Light

- Directional Eye Position --
  Inward / Outward Turning of Eye
  ** Some Time / All of Time
  ** Independently of Other Eye
COMPLAINTS OF CHILD THAT MIGHT INDICATE VISUAL PROBLEMS

- BLURRED OR DOUBLE VISION

- BURNING OR ITCHING EYES

- DIZZINESS, HEADACHES, OR NAUSEA
**VISION SCREENER REPORT**

**DISTANCE ACUITY SCREEN:**

1ST SCREEN: DATE

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2ND SCREEN:

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<td>□ PASS</td>
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**COMMENTS/OBSERVATIONS:**

**HIRSCHBERG CORNEAL LIGHT REFLEX TEST**

- Light reflection is centered or slightly toward the nose the same distance in each eye.
- Light reflection is not centered nor slightly toward the nose the same distance in each eye.

**COVER AND UNCOVER**

- NEAR: 12 - 13 inches
- FAR: 10 - 20 Feet

- □ No Eye Movement
- □ Eye Movement

**REFERRAL TO AN EYE CARE SPECIALIST (OPHTHALMOLOGIST OR OPTOMETRIST) DUE TO:**

- □ Distance Acuity Test
- □ Hirschberg Corneal Light Reflex Test
- □ Cover and Uncover Test
- □ Observable Signs or Symptoms
- □ Other:

**DATE OF FINAL SCREEN:**

**NAME OF SCREENER:**

**WAIVER OF REFERRAL**

My child is being seen by an eye care specialist, (doctor's name), for the problem(s) indicated.

Parent's Signature: __________________________ Date: M-60 Rev.4/97
RESCREEN & REFERRAL

1. FAILS 1st SCREEN: → RESCREEN
   DISTANCE ACUITY → 2 - 3 WKS.
   HIRSCHBERG
   COVER-UNCOVER → IMMEDIATELY
   PLUS LENS

2. PASSES 2nd SCREEN → REFER
   BUT SHOWS SIGNS TO EYE CARE
   OF VISION PROBLEMS PROFESSIONAL*

   -- OR --

3. FAILS 2nd SCREEN → REFER
   (EITHER OR BOTH TO EYE CARE
   EYES) PROFESSIONAL*

   * OPHTHALMOLOGIST OR OPTOMETRIST
FOLLOW-UP

(TRACKING)

LEARNING WHAT HAPPENS TO

A CHILD AFTER REFERRAL
VISION SCREENING REPORT
JUNE THROUGH MAY

SIGNATURE ___________________________ DATE __________________

SCHOOL DISTRICT, PRIVATE SCHOOL OR CHILD CARE FACILITY:

NUMBER ___________________________ NAME __________________

CITY ___________________________ COUNTY __________________

SCREENING PERFORMED BY:

☐ Preschool/School ☐ Volunteers: ___________________________ ☐ Health Dept./Clinic ☐ Other: ___________________________

(organization) (organization)

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B ≥ C  C = D + E + F + G

SUBMIT BY: JUNE 30,

M-62 (Revised 8/21)

FOR INSTRUCTIONS SEE BACK OF FORM
Instructions for Completing the Vision Report Form (M-62)

1. **SIGNATURE SUPERINTENDENT OF SCHOOLS**
2. **SCHOOL DISTRICT NUMBER**: Assigned by Texas Education Agency.
3. **DATE**: Date this report is sent to the Texas Department of Health.
4. **SCHOOL DISTRICT NAME**: Name of the District where the children are attending classes.
5. **CITY**: Self-explanatory.
6. **COUNTY**: Self-explanatory.
7. **SCREENING PERFORMED BY**: Self-explanatory; any or all may be checked if applicable.

**FILLING IN COLUMNS APPROPRIATELY**: Each column is listed by the grade in which the child is enrolled. **PRE SCH** means all preschool children of all ages. **SPEC ED** means students that have been determined eligible for special educational services.

**LATE EXAM RESULTS FROM LAST YEAR**: Number of children who were referred the year before this report and who were examined by an eye specialist, an ophthalmologist, or an optometrist during the current school year. (Refer to instructions for Columns E and F).

**Column A**: Number of children screened for vision problems. This number should include those children screened by physicians or eye specialists.

**SCREENED WITH GLASSES**: Number of children who were wearing glasses or contact lenses at the time of screening. (This number will be smaller than the one in Column A.)

**Column B**: Number of children who failed the distance acuity screen or any other screen for a vision problem, e.g., signs and symptoms and muscle balance tests.

**Column C**: Number of children who were referred to an eye specialist.

**Column D**: Number of children who were referred but are no longer enrolled in this facility.

**Column E**: Number of children who were referred and had no problem upon examination by an eye specialist.

**Column F**: Number of children who were referred and received treatment or are under observation for a condition found upon examination by an eye specialist.

**Column G**: Number of children who were referred and were not examined by an eye specialist or that information is not known.

**NOTE:**

\[
\text{Column C} = \text{Columns D} + \text{E} + \text{F} + \text{G}
\]

\[
\text{Column B} > \text{Column C}
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