

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

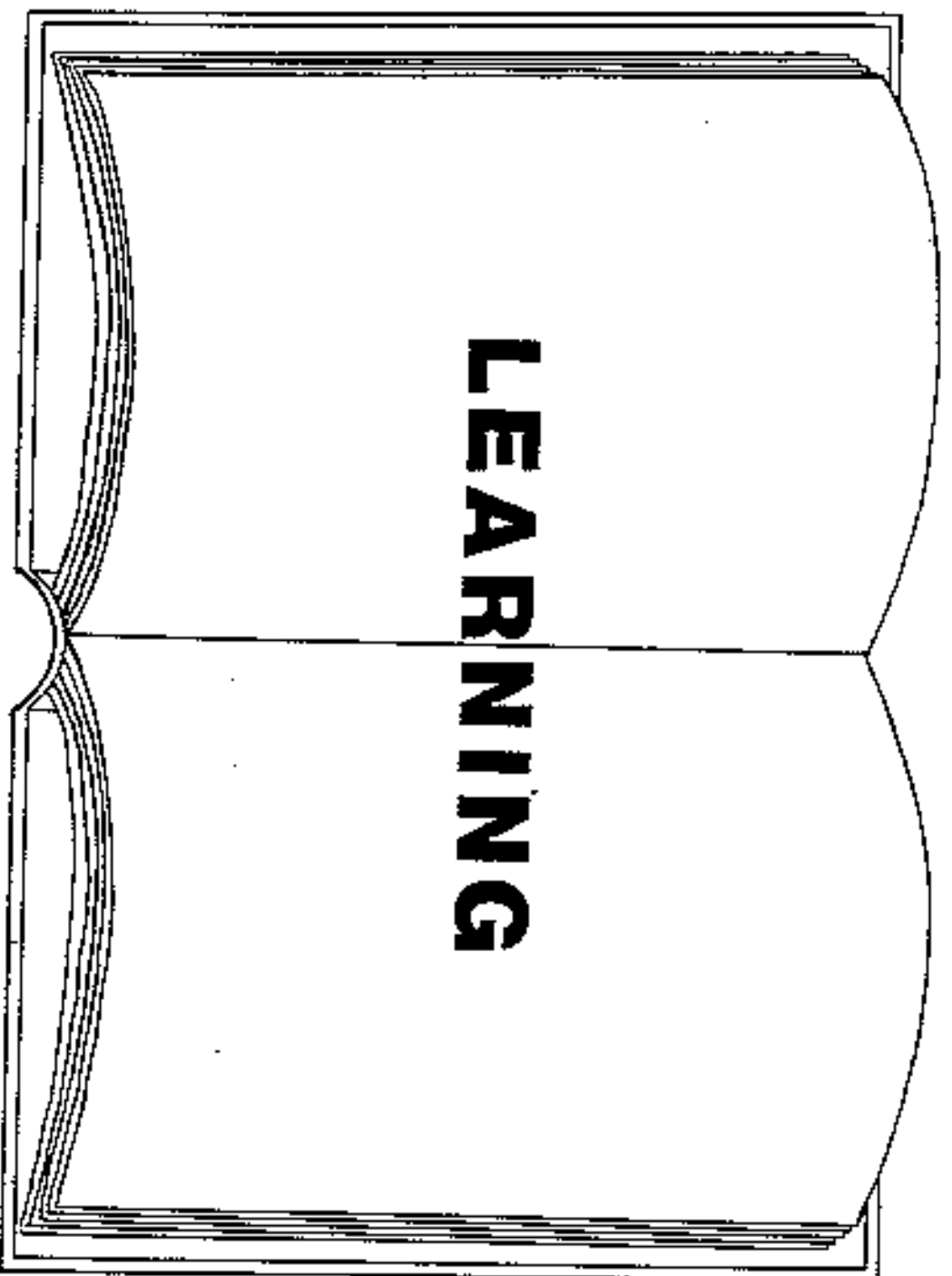
DEFINITION OF VISION SCREENING

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



VISION SCREENING PROGRAM

VISION SCREENING PROGRAM

1. S38

In accordance with the Special Senses and Communication Disorders Act of 1983,

(PRINTED NAME)

is hereby certified as a vision screener in the State of Texas.

Certificate of Registration Valid Through

Texas Department of Health Certified Instructor

Date

Employer:

County:

Social Security:

CERTIFICATE OF REGISTRATION IS VALID FOR (FIVE) 5 YEARS

If you move or change employer, please notify this office as soon as possible so that correct information can be maintained:

Vision and Hearing Screening
Bureau of Children's Health
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7420

1. Name: **Your Name**

2. Address: **Home Address**

LAST FIRST MIDDLE
STREET or BOX NO.

4. Home Phone: () CITY STATE ZIP CODE

6. Employer/Organization: **Place of Work**

1. School 2. Child Care 3. Health Facility 4. Other

7. Address: **Work Address**

STREET or BOX NO. CITY STATE ZIP CODE

Applicant's Signature: _____ 10. Date: **Today's**

11. Professional Title (check one)

1. Nurse 2. Teacher 3. Aide 4. Other: _____

Workshop Training

Location

12. City _____ 13. County _____

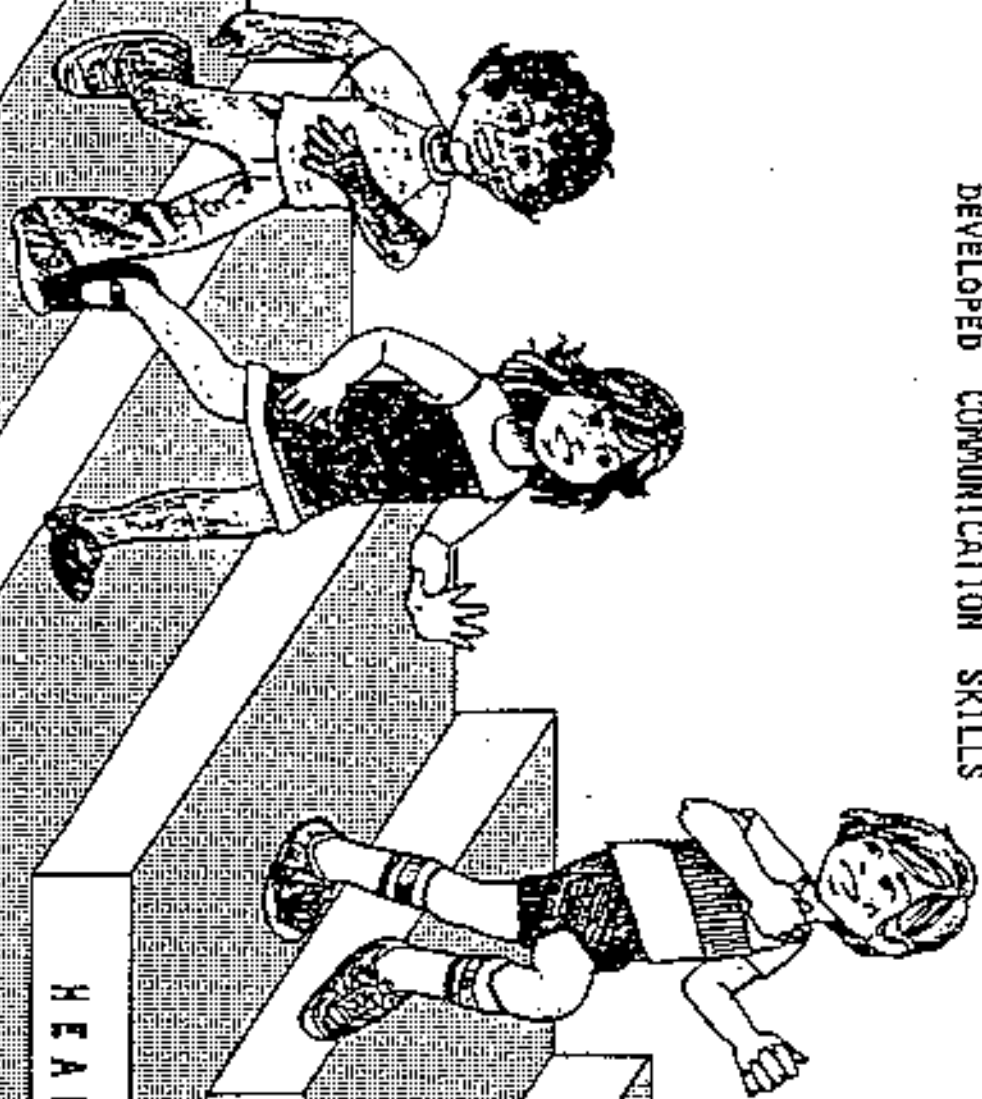
14. Instructor's Name _____ 15. Date _____

Screening Status

16. This applicant has met training requirements established by the Texas Department of Health and is now certified to:

1. Screen Children for Vision Problems 2. Train Vision Screeners

ACHIEVEMENT THROUGH
DEVELOPED COMMUNICATION SKILLS



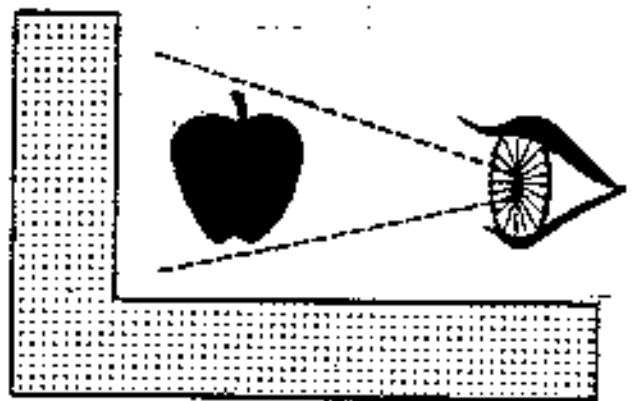
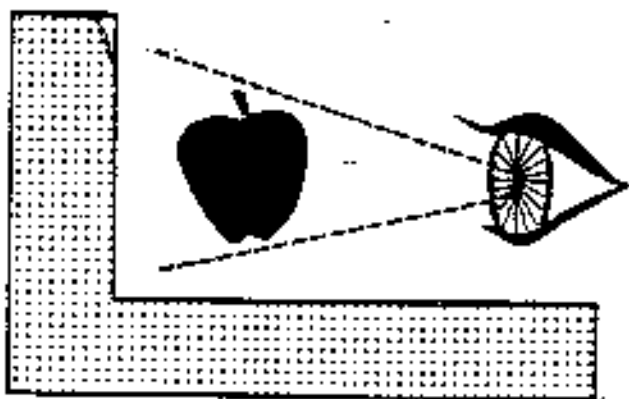
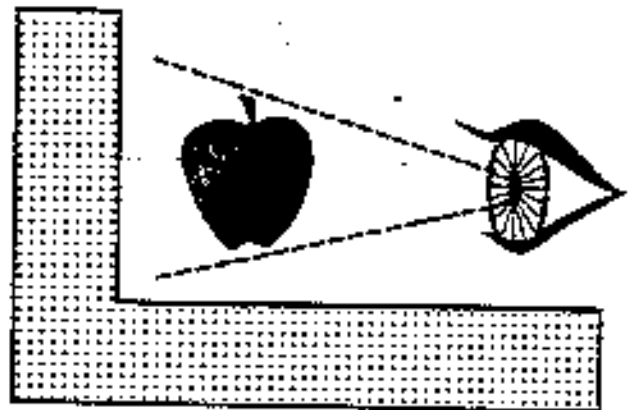
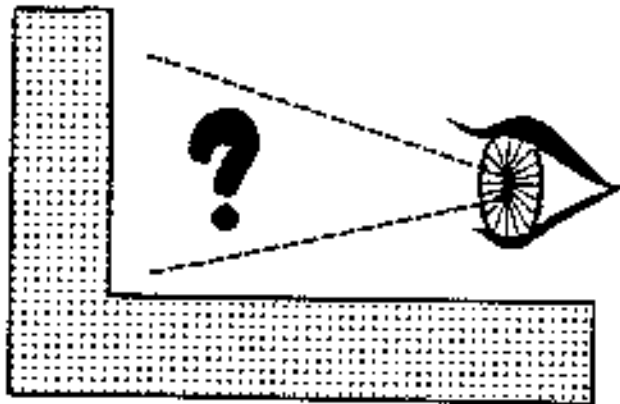
LANGUAGE

SPEECH

HEARING

VISION

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

A M B L Y O P I A

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

V I S U A L A C U I T Y

-- OR --

SHARPNESS OF VISION

MEASURED AND RECORDED AS AN
INTERNATIONALLY RECOGNIZED FIGURE

20 / 20

(20 / 20 = NORMAL DISTANCE ACUITY)

20 / 20



DISTANCE FROM THE EYE CHART

LINE ON THE EYE CHART WHICH

(NUMBER REMAINS CONSTANT)

A PERSON CAN READ FROM 20'

(NUMBER CHANGES WITH PERSON'S

DISTANCE VISUAL ACUITY)

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

LETTER CHART FOR 20 FEET
Snellen Scale

E

200 ft.

H N

100 ft.

D F N

70 ft.

P T X Z

50 ft.

U Z D T F

40 ft.

D F N P T H

30 ft.

P H U N T D Z

20 ft.

N P X T Z F H








15 ft.

SYMBOL CHART FOR 10 FEET

Snellen Scale

Actual
Size

20 ft.
Equivalent

100 ft.		200 ft.
50 ft.		100 ft.
35 ft.		70 ft.
25 ft.		50 ft.
20 ft.		40 ft.
15 ft.		30 ft.
10 ft.		20 ft.



20 FOOT
6 METER
EQUIVALENT

HOTV 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.

$\frac{20}{100}$
 $\frac{6}{30}$

H V O T

$\frac{20}{80}$
 $\frac{6}{24}$

T H O V H 8

$\frac{20}{60}$
 $\frac{6}{18}$

O T H V T O

$\frac{20}{50}$
 $\frac{6}{15}$

||||| V O T H T O ||||| 5

$\frac{20}{40}$
 $\frac{6}{12}$

||||| H ||||| V ||||| O ||||| T ||||| O |||||

$\frac{20}{30}$
 $\frac{6}{9}$

||||| V ||||| H ||||| T ||||| O ||||| H ||||| V ||||| 3

$\frac{20}{25}$
 $\frac{6}{7.5}$

||||| T ||||| O ||||| H ||||| V ||||| O ||||| H |||||

$\frac{20}{20}$
 $\frac{6}{6}$

||| V ||| T ||| O ||| H ||| V ||| T ||| 2

$\frac{20}{15}$
 $\frac{6}{4.5}$

■ H ■ O ■ V ■ O ■ T ■ V ■

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

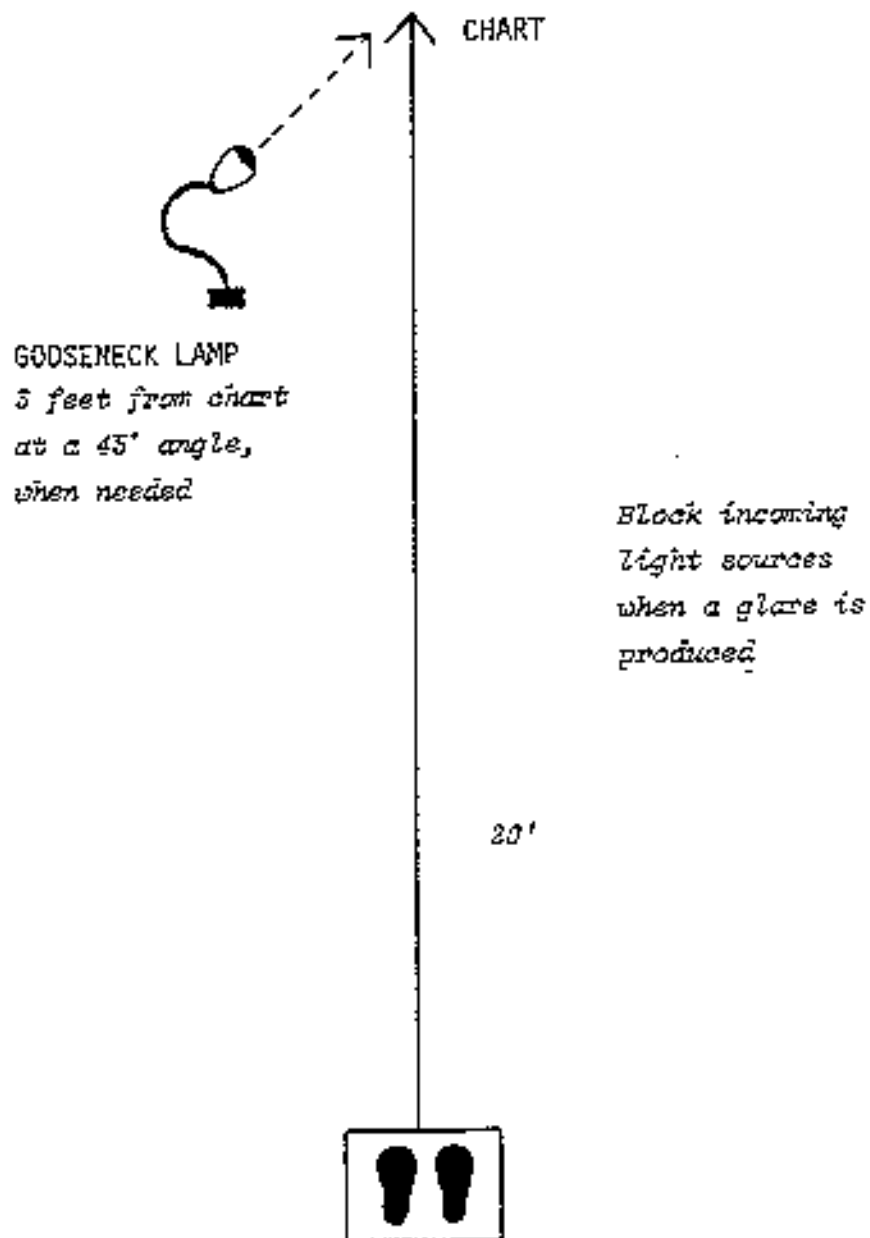
WRONG OR NO RESPONSE --

- 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



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

**TEXAS DEPARTMENT OF HEALTH
CERTIFICATE OF RECORD FOR
VISION SCREEN AND/OR EYE EXAMINATION**

ATTENTION PARENT: The Special Senses and Communication Disorders Act requires that every child have an eye examination or an approved vision screening test prior to or within 120 days after entry into a Texas licensed child-care facility or school.

SCHOOL CO./DIST/NO. _____ CAMP NO. _____ -OR-TDHS FACILITY NO. _____
 SCHOOL NAME _____ CITY _____ COUNTY _____
 CHILD'S NAME _____ BIRTHDATE _____ AGE _____
 PARENT'S NAME _____ TELEPHONE NO. _____
 ADDRESS _____ CITY _____ ZIP _____

The tests conducted to evaluate your child's vision are screens; they are not diagnostic. This means that if the child fails a screen, it is necessary for your child to be evaluated by a vision specialist, an ophthalmologist or an optometrist, to determine whether there is a vision problem. It also means that on some occasions a vision problem may exist that the screens will not identify.

*** * VISION SCREENER REPORT * ***

DISTANCE ACUITY SCREEN:

1ST SCREEN: DATE _____
 With Correction: Yes No

Chart Used:
 Letter Right Eye 20/
 "E" Left Eye 20/
 H:O:T:V:
 Machine PASS FAIL

2ND SCREEN:
 With Correction: Yes No

Chart Used:
 Letter Right Eye 20/
 "E" Left Eye 20/
 H:O:T:V:
 Machine PASS FAIL

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.
- PASS FAIL

COVER AND UNCOVER

NEAR: 12 - 13 inches

- No Eye Movement
 Eye Movement
- PASS FAIL

FAR: 10 - 20 Feet

- No Eye Movement
 Eye Movement
- PASS FAIL

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

- Distance Acuity Test Observable Signs or Symptoms Other: _____
 Hirschberg Corneal Light Reflex Test (describe) _____
 Cover and Uncover Test Parent/Doctor Request UNSCREENABLE

DATE OF FINAL SCREEN: _____

NAME OF SCRIBENER: _____

***** 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

R E S C R E E N & R E F E R R A L

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

F O L L O W - U P

(T R A C K I N G)

LEARNING WHAT HAPPENS TO

A CHILD AFTER REFERRAL

TEXAS DEPARTMENT OF HEALTH



FOR INSTRUCTIONS
SEE BACK OF FORM

MAIL TO:
Vision and Hearing Screening
Texas Department of Health
1100 West 45th Street
Austin, Texas 78756-3199

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: _____ (organization) Health Dept./Clinic Other: _____ (organization)

GRADES	LATE EXAM RESULTS FROM LAST YEAR		GRADES	A TOTAL NUMBER SCREENED	B SCREENED WITH GLASSES	C NUMBER FAILED	D NUMBER REFERRED	SPECIALIST EXAM		G REFERRED NOT EXAMINED
	SPECIALIST EXAM							E NO PROBLEM	F TREATMENT	
	E	F								
P			PRE SCH							
S			SPEC ED							
K			K							
1			1							
2			2							
3			3							
4			4							
5			5							
6			6							
7			7							
8			8							
9			9							
10			10							
11			11							
12			12							
T	E	F	TOTALS	A	B	C	D	E	F	G

$B \geq C$ $C = D + E + F + G$

SUBMIT BY: JUNE 30,

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:

Column C = Columns D + E + F + G

Column B \geq Column C