

Vision Screening Guidelines
For Schools
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Regents of The University

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Vision Screening Guidelines for Schools provides schools with a framework for establishing the vision screening program required under New York State Education Law section 905 and the regulations promulgated there under, specifically 8 NYCRR Part 136.3 These regulations were amended in 2017 effective July 1, 2018. These guidelines will assist schools with understanding the purpose of vision screening in schools and developing an effective vision screening program including planning, implementation, and follow-up procedures. This document is intended for use by administrators and school health personnel. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in the field of school nursing. School districts should review these guidelines with their counsel, as necessary to incorporate the guidance with district policy. This document is not intended as a mandate and is to be used for guidance purposes only.

Vision screening in school is to be conducted by the district's director of school health services, commonly referred to as the medical director. The medical director may delegate this duty to the school nurse or other appropriate licensed health professional, such as the school nurse, LPN, or medical director. If the medical director chooses to delegate this duty, he/she must ensure the licensed health professional he/she delegates to is trained in screening procedures. Additionally, the delegation should be in writing, with specific parameters of screening results or observations that are to be brought to the medical director's attention.

Commissioner's regulation §136.3 requires licensed school health professionals to screen for color perception, distance acuity, and near vision. Hyperopia screening is recommended- see page 9 for details.

Who Should be Screened

Students in grades PreK or K, 1, 3, 5, 7, and 11 as well as newly enrolled students within six months of admission to the school who did not have a vision screening noted on their health certificate or health appraisal must be screened. School health personnel should develop systems to track which students will need screening completed at school when filing health certificates in the student's cumulative health record.

A teacher may also refer a student for vision screening if they feel the student may be having difficulties based on their observations. When a student is scheduled for screening based on referral, teacher observations of visual behavior should be gathered and reviewed as warranted.

Who Should Not be Screened

chart if the student is able to recognize all the letters on the Snellen chart. A chart for distance acuity and a chart for near vision acuity is necessary.

- - Disposable occlusive patches (which can be as simple as, a piece of 2-inch paper tape- use new piece for each student) or occluder glasses are preferred. S

Students should be screened individually and separately for both privacy reasons- FERPA does not permit other students to be aware of the results of another students screening, and to ensure the student is not distracted. Any students waiting to be screened

4. If the student fails to read a line, repeat the line in the reverse order. If the line is failed twice, identify the visual acuity as the next higher line read correctly. Visual acuity is recorded in the form of a fraction. The figure above the line represents the distance from the chart; the figure below the line indicates the smallest line read successfully.
For example: if the student fails on the 20/30-foot line, record the visual acuity as 20/40 noting the eye tested: **R** (or O.D.) indicates the right eye, and **L** (or O.S.) indicates the left eye.
5. Repeat steps one through three with the right eye occluded and record the results for the left eye as instructed in step four.

Failure criteria

Inability to read 20/30 for ages 6-18;
20/40 for ages 4 & 5;
and 20/50 for age 3; or
A two-line or greater difference between the two eyes (e.g., right eye 20/20, left eye 20/40.)

If the student fails the screening, he/she should re-screened another day. If the student initially failed using a mechanical vision tester, the re-screening should be done with a conventional eye chart if age appropriate on the same day if possible.

Hyperopia Screening Procedure (Optional)

In students aged 3 to approximately 8 years old the normal amount of farsightedness is higher than an older student. As the student grows, farsightedness decreases (the eye becomes longer with growth) and most of the older students will easily pass the test. A 2.25 convex lens power is appropriate to test ages 5 through 8 years; and a 1.75 convex lens should be used to test students over 8 years of age.

Either +2.25 convex or +1.75 lenses are placed over the student's eyes and the student is asked to read the eye chart in the distance. If the student has a low amount of farsightedness the lens will be too strong and his/her vision will be blurry. If the student has a high amount of farsightedness the lens will be too weak for his/her eye and he/she will see clearly through the diopter lenses.

1. Have the student remain at the appropriate marked 10 or 20-foot line (depending on the chart used) and ask the student to put on glasses with +2.25 diopter lenses or +1.75 diopter lenses depending on the student's age. Students who wear corrective lenses for close visual correction should not wear those lenses when screening. All other students should have their corrective lenses on when screened. After the student has worn the glasses for one minute, ask the student to read the 20/20 line of the Snellen chart. Note any squinting. If using a mechanical vision tester, follow the manufacturer's instructions.
2. Students pass the screening if they are unable to read through the diopter lenses the letters/symbols at the 20/20 line.

Failure criteria

The ability to read a 20/20 line through +2.25 diopter lenses for ages 3-8, or +1.75 diopter lenses for students older than age 8.

If the student fails the first screening, re-screen using the same procedure.

Near Vision

3. Show the student how to use a soft, dry paint brush or cotton swab to trace the symbols on the color plate if he/she is unable to verbalize symbols.

Failure criteria

Follow the manufacturer's instructions for what constitutes failure of the screening.

Documentation

Pursuant to Rules of the Board of Regents, Part 29 §29.2(3), licensed health professionals must maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Documentation in the individual student's CHR should include the date the screening was completed, the observations made by the health professional, any related statements by the student, special circumstances related to the examination, and any communication with the provider and/or parent/guardian. The documentation must be completed and signed by the health professional conducting the exam pursuant to Commissioner's Regulations §136.3(e)(2).

The results of the screening are recorded on the student's cumulative health record (CHR) and signed by the health professional who completed the screening. The records of individual student screenings recorded in the cumulative health record are to be kept as long as the minimum retention period, which is until the student reaches age 27. See records retention requirements [NYSED Records Retention Schedule for School Health Records](#)

Signs and Symptoms of Vision Impairment

For students who are unable to complete the vision screening and/or to identify students who may need a screening in a year they normally would not receive one, school personnel should know the signs and symptoms of potential vision impairment and to notify school health personnel.

In accordance with the Commissioner's Regulation (8 NYCRR §136.3 [a] [4]), it is a general duty of the trustees and boards of education to maintain a program of education relating to the health of students. This program of education may include information regarding the signs and symptoms of vision deficits.

Indicators include:

Behavior:

- Holds work too close or too far, or brings work to close proximity with their eyes
- Bends close to floor or work surface to find small objects
- Asks for special seating
- Thrusts head forward to see distant objects
- Holds body tense when reading or looking at distant objects
- Frowns when reading
- Attempts to brush away a blur

Appearance:

- Lids are crusted, red-rimmed, or swollen; sties occur frequently
- Eyes water or appear bloodshot
- Eyes appear misaligned

Other sources of information which may indicate potential vision problems:

- Birth history
- Previous eye examinations, wearing corrective lenses, under care of eye care professional
- Medication
- Surgery
- Family history

Information on Vision Impairment for School Personnel

The following information on vision deficit correction and suggestions to address various levels of vision deficits are provided below. In addition, consideration should always be given as to whether a referral should be made for an initial evaluation with the Committee on Special Education (CSE) or 504 team to determine if the student qualifies as a student with a disability.

If a student has lenses or reduced vision with lenses, school health personnel should do the following:

School health personnel can assist the student in adjusting to the need for corrective lenses if newly prescrip(e l)6 (ens006 Tw e(.))TJ0 Tc 0r1 Td(hM-4.23 -11 (pe)

Seat student near the screen or board at a distance comfortable to the student, but within a group of students. Do not isolate student;
Verbalize while writing on the board;
Provide a copy of notes and assignments in large font as necessary, or provide student a notetaker;
Allow students to change their seats as needed for light;
Avoid glares on working surfaces;
Good contrast and white space between lines of print offer the best viewing comfort for lengthy reading assignments. Avoid using red or orange print;
A student with a vision impairment will frequently be a slower reader and his/her eyes will tire faster. Break tests or assignments into chunks;
Allow student to take oral tests only if he/she desires. All visually impaired persons are not auditory performers;
Refer student to a Teacher of the Visually Impaired and/or Orientation & Mobility Specialist; and
Provide adapted PE if necessary. See [Adapted PE Part I](#) and [Adapted PE-Resources](#) .

[American Association of Pediatric Ophthalmology and Strabismus](#)

[American Optometric Association- Children's Vision](#)

[Centers for Disease Control and Prevention- Healthy Vision](#)

[National Association of School Nurses- Vision Health](#)

[National Center for Children's Vision and Eye Health](#)

[New York State Center for School Health](#)

[New York State Education Department- School Health Services](#)