Birth to 3 Functional Vision Screening Tool

Child's Name: _____ Gender: _____

Date of Birth: _____ Chronological Age: _____ Adjusted Age: _____

County: _____ Agency: _____

Screener Name/Title: _____ Screening Date: _____

Purpose: The Birth to 3 Functional Vision Screening Tool is intended to assist a caregiver and Birth to 3 provider in determining when it might be appropriate to refer a child (birth to 3 years old) for vision testing. It is not an assessment nor diagnostic tool for vision issues. It should be administered (in-person or virtually) within 30 days of intake and again every 6 months to identify possible concerns with vision development. It should only be administered by an individual who has attended the Birth to 3 Functional Vision Screening Tool training with Vision Forward Association.

Note: Free trainings on this Birth to 3 Functional Vision Screening Tool are offered throughout the state by Vision Forward Association and the Wisconsin Department of Health Services Birth to 3 Program. Please contact Colleen Kickbush, Vision Services Manager and Teacher of the Visually Impaired (TVI), at ckickbush@vision-forward.org for additional information. View and download the screening tool on the Vision Forward Association website at https://vision-forward.org/services/education-training/children-youth/birth-to-3/babies-count/.

Results Summary Indicate *Pass* or *Refer* based on the results of each section of the screening tool.		
Family/Birth History and Initial Observations	☐ Pass	☐ Refer
Vision Development Checklist	☐ Pass	☐ Refer
Comments (Reason for Referral and/or Parent/Provider Concerns):		

Results/Action:

- ☐ **Pass:** Having used this Tool, there are no significant indicators for vision concerns at this time. *Rescreen every 6 months.* **Next Screening Date:** _____
- ☐ **Refer:** Based on the findings of this screening, it is recommended that the child be referred for a medical and functional vision evaluation (see below).

  Date of Referral: _____
  Child was referred to BOTH:
  - ☐ Children's Hospital of WI Eye Program (Pediatric Optometry/Ophthalmology) through Central Scheduling at (877) 607-5280 or Patients and families request an appointment | Children's Wisconsin (childrenswi.org) or if the child is already sees an eye doctor, Name of Doctor: _____ **AND**
  - ☐ Vision Forward Association through Tracey Stanislawski, Early Education Manager, at (414) 615-0160, tstanislawski@vision-forward.org, or Children's Services Referral Form - Vision Forward (vision-forward.org)

Family/Birth History and Initial Observations

Based upon caregiver interview and observation of the child, indicate ***Yes*** or ***No*** for each question or statement. One or more ***Yes*** answers in this section are reason for referral. **Exception:** Do not refer upon finding one ***Yes*** answer in Family/Birth History section alone (except caregiver vision concerns). Child must also have an additional ***Yes*** answer in another area on the screening tool.

Family/Birth History	
1. Do the parents/caregivers have concerns regarding vision?	☐ Yes ☐ No
2. Does anyone in the family have severe vision loss or an eye disease that was diagnosed before the age of 18? (e.g., albinism, amblyopia, cataracts, strabismus, retinoblastoma)	☐ Yes ☐ No
3. Did the child's mother have any serious infections or diseases during pregnancy? (e.g., rubella, cytomegalovirus (CMV), toxoplasmosis, syphilis, herpes, etc.)	☐ Yes ☐ No
4. Was the child born prematurely or born weighing fewer than 3 pounds?	☐ Yes ☐ No
5. Were there any post-natal infections? (e.g., meningitis, encephalitis, hydrocephalus, etc.)	☐ Yes ☐ No
6. Was there any kind of head trauma at birth or shortly thereafter?	☐ Yes ☐ No
7. Has any syndrome been identified (e.g. Down Syndrome, CHARGE, Usher, WAGR)?	☐ Yes ☐ No
8. Has cerebral palsy been identified?	☐ Yes ☐ No
Initial Observations: Function	
1. Does not blink to an object coming quickly toward their face.	☐ Yes ☐ No
2. Demonstrates a preference for one eye by turning/tilting head.	☐ Yes ☐ No
3. Holds objects far away or unusually close (or moves very close to objects) when looking.	☐ Yes ☐ No
4. Does not look at people or objects beyond 2 feet.	☐ Yes ☐ No
5. Frequently trips or crawls/runs into things.	☐ Yes ☐ No
6. Unable to sustain looking or avoids looking at people or objects.	☐ Yes ☐ No
7. Squints, cries, or otherwise indicates pain in bright light situations (e.g. sunlight).	☐ Yes ☐ No
8. Unable to smoothly follow moving objects in one or more directions with both eyes or there are breaks (e.g. blinking, looking away, or switching eyes) as the object crosses midline.	☐ Yes ☐ No
Initial Observations: Appearance	
1. Eyes are crossed, turn in or out, or move independently of one another…all the time, part of the time, or when the child is tired.	☐ Yes ☐ No
2. One or both eyelids droop to cover pupils.	☐ Yes ☐ No
3. Eyes shake or move constantly.	☐ Yes ☐ No
4. Iris (colored part of the eye) appears pink or violet.	☐ Yes ☐ No
5. One or both of the eye orbits (bone structures around eyes) looks misshaped.	☐ Yes ☐ No
6. One or both pupils (black holes in the center of the eyes) are white, cloudy, or any color other than black.	☐ Yes ☐ No
7. One or both pupils are not round and appear misshaped (e.g. tear-drop shaped).	☐ Yes ☐ No
8. Pupils are unequal in size to each other or there is a delayed reaction to changes in light.	☐ Yes ☐ No

Vision Development Checklist

For each statement in the child's adjusted age range, check the box to indicate ***Yes*** or leave it blank to indicate ***No***. If there are 2 or more ***No*** (unchecked) responses in the child's age range, mark ***Refer*** on the front page under Results Summary.

Age	Visual Skills
Birth to 1 Month	☐ Stares at lights, windows, and bright walls
	☐ Looks briefly at caregiver's face
	☐ Gazes briefly at objects placed in field of vision (may stop sucking or moving momentarily)
	☐ Pupil gets smaller when light is shone in either eye, both pupils get equally larger when lights are turned down
	☐ Seems to focus best on objects about 8 to 12 inches from face
	☐ Follows/tracks slowly moving object horizontally with eyes (both eyes not always moving together)
1 to 3 Months	☐ Makes eye contact with you (without hearing your voice)
	☐ Smiles in response to looking into face of a person who is talking or smiling
	☐ Visually inspects their own hands and nearby surroundings
	☐ Fixates on objects and high contrast patterns within field of vision
	☐ Focuses on objects from 5 inches to as close as 3 inches
	☐ Will turn toward an object brought in from the side
3 to 5 Months	☐ Looks at objects/toys in their hands momentarily
	☐ Visually attends to objects at distances from 5 to 20 inches and views objects at 3 feet
	☐ Looks at and reaches for most toys within arm's reach
	☐ Follows or tracks an object vertically or a fast-moving object horizontally
	☐ Looks back and forth between 2 objects/people
	☐ Bats at objects that are suspended above him/her
5 to 7 Months	☐ Reacts differently to different people and responds to a variety of facial expressions
	☐ Smiles, pats, or kisses their image in a mirror
	☐ Laughs at peek-a-boo games
	☐ Watches people at least 6 feet away
	☐ Tries to reach out and grasp toys or objects
	☐ Both eyes are straight and always move together (one eye should not be turning in, out, up, or down. Deviations should be followed medically. Refer to doctor.)

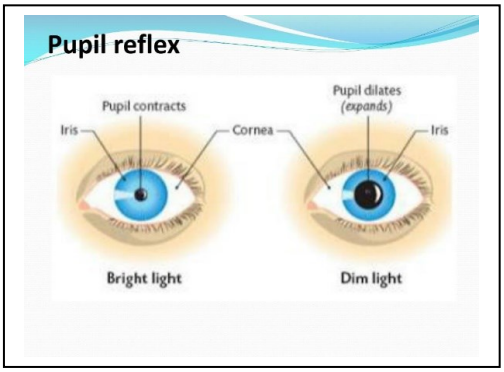
7 to 12 Months	☐ Looks for toys that have been dropped
	☐ Interested in pictures or picture books
	☐ Reaches for and tries to pick up a small object like cereal, raisin, or lint
	☐ Moves, by any means, toward an object at least 5 feet away
	☐ Tracks objects with eyes rather than just head
12 to 18+ Months	☐ Watches a favorite toy dropped into a container
	☐ Fixates on facial expression and imitates it
	☐ Looks at distant objects out the window such as cars or people
	☐ Looks toward indicated objects when requested
	☐ Turns a book right side up to look at pictures

Note: Typical vision development is completed at approximately 18 Months; therefore, any Children 18 Months and older should have every visual skill on the checklist.

Definitions and Background Information

Anatomy of the Eye

- **Eyelid—**fold of skin that covers and protects the eye.
- **Iris—**colored part of the eye responsible for controlling the size of the pupil and the amount of light reaching the retina at the back of the eye.
- **Orbit—**the cavity or socket of the skull in which the eyeball is situated.
- **Pupil—**black hole located in the center of the eye that allows light to enter toward the retina at the back of the eye. Pupils should be round, black, and equal in size. Pupils in both eyes should equally and quickly respond to light and change size by getting smaller with light and larger in a darkened room. In darkness, a penlight reflection should be centered or slightly nasal (toward the nose) in BOTH pupils.



Sources: 1) American Association of Pediatric Ophthalmology and Strabismus, 2) Hearing and Vision Connections (2016). Illinois Functional Vision Screening Tool (0-3) by Dr. Mindy Ely. 3) Illinois School for the Visually Impaired (2020). Illinois Functional Vision Screening Tool (0-3). http://illinoisdeaf.org/Outreach/Screeningtool.html. 4) Prevent Blindness 5) Wisconsin Department of Health Services Typical Vision Developmental Milestones (Children 0 to 3 Years of Age)

Adapted by Colleen Kickbush, Vision Services Manager and Teacher of the Visually Impaired (TVI), in November of 2022. Made possible by a partnership between Vision Forward Association and the Wisconsin Department of Health Services Birth to 3 Program.