Ohio EI Vision Checklist

Department of Children & Youth
Help Me Grow Early Intervention

Child's name _____ Child's DOB _____ ETID number _____

Evaluation and assessment team members _____ Date of completion _____

The Part C Vision Checklist is conducted by any Part C provider who is qualified to conduct evaluations and assessments. The checklist is completed for all children during the initial eligibility and child assessment and then updated annually thereafter during the assessment of the child. The results of the checklist will be included within the child assessment summary. When any risk factor or concern is noted, the checklist, along with any relevant medical records, will be shared with the EI vision provider, who in consultation with the team will determine the need for a referral and/or vision services.

PRIOR VISION SCREENING OR EVALUATION

Vision Screening/Evaluation Results

Date: _____ Location: _____

Evaluation procedure used: _____

Conducted by: _____

Results and recommended follow up: _____

RISK FACTORS FOR VISION IMPAIRMENT

This review can be accomplished by review of medical records and/or through an interview with the parent. Check all that apply.

- ☐ NICU stay greater than 5 days
- ☐ Prematurity (less than 37 weeks gestation)
- ☐ Intrauterine drug exposure
- ☐ Meningitis
- ☐ Encephalitis
- ☐ Down Syndrome
- ☐ Hearing loss
- ☐ Cerebral palsy
- ☐ CHARGE syndrome
- ☐ Fetal Alcohol Syndrome
- ☐ Hydrocephalus
- ☐ Hypoxia, anoxia, birth trauma
- ☐ Seizures
- ☐ Head trauma/Traumatic brain injury
- ☐ Stroke or intraventricular hemorrhage (IVH grade I, II, III, or IV)
- ☐ Family history of eye misalignment diagnoses (such as amblyopia or strabismus)
- ☐ Family history of hereditary vision loss (such as retinoblastoma, albinism)
- ☐ In utero infections, such as cytomegalovirus (CMV), rubella, herpes, toxoplasmosis, or syphilis
- ☐ Other syndromes such as Goldenhar, Hurler, Marfan, Norrie, Refsum, Trisomy 13, Tay-Sachs, neurofibromatosis, Lowe's, Stickler

BEHAVIORAL OBSERVATIONS

Informal observation and parent report may be used to complete this checklist. Check all that apply.

By 3 months:

- ☐ Smiles at others
- ☐ Watches own hands

By 6 months:

- ☐ Tracks rolling ball
- ☐ Shifts gaze between two objects
- ☐ Displays smooth-following eye movements in all directions

By 12 months:

- ☐ Looks at a small object (e.g. raisin, Cheerio)
- ☐ Recognizes familiar objects across room (8 – 10 feet)
- ☐ Looks at pictures in books
- ☐ Reaches into container for object
- ☐ Follows rapidly moving object

Child's name	Child's DOB	ETID number

By 24 months:	**By 36 months:**
☐ Fixates on small objects ☐ Points to distant interesting objects outdoors ☐ Recognizes fine details in pictures ☐ Eyes exhibit ability to move together and point inward when looking at nearby objects (convergence) ☐ Shows well-developed eye accommodation; child's pupils constrict as objects get closer to their nose	☐ Copies a circle ☐ Eyes smoothly move together and point inward when looking at nearby objects (convergence)

Identify any behavioral observations which indicate a concern about the child's vision:

OBSERVATION OF THE EYES

Check boxes to indicate all high-risk signs for vision impairment that are present. Check all that apply.

Atypical appearance of the eyes:	**Unusual eye movements:**
☐ Drooping eyelid which obscures the pupil ☐ Persistent redness of conjunctiva (normally white) ☐ High sensitivity to bright light, indicated by squinting, closing eyes, or turning head away ☐ Obvious abnormalities in shape or structure of eyes ☐ Persistent tearing without crying ☐ Absence of a clear, black pupil ☐ Clouding of the eye	☐ Involuntary rhythmic/jerky eye movements (nystagmus) ☐ One or both eyes turning in/out/up/down ☐ Absence of eyes moving together, or sustained eye turn after four to six months of age
Unusual gaze or head positions:	**Absence of the following behaviors:**
☐ Tilts/turns head when looking at an object ☐ Holds object close to eyes ☐ Averts gaze or seems to look besides, under, or above the object of focus	☐ Eye contact by age three months ☐ Visual fixation or following by three months ☐ Accurate reaching for objects by six months

FINDINGS

☐ One or more components of the Ohio EI Vision Checklist indicate the need for review by an Ohio EI Vision provider.

☐ There are no components of the Ohio EI Vision Checklist that indicate the need for review by an Ohio EI Vision provider.

If the EI vision provider determines a need for a referral for a vision evaluation, the EI Service Coordinator will support the parent in making the referral and obtain consent to share the Vision Checklist with the child's primary care physician and/or the ophthalmologist/optometrist.