

Today's Date: _____

Child's Name: _____

DOB: _____



Vision Screening Checklist

Birth to 1 month:

Yes No

- Pupil reaction to light.
- Blinks when light is too bright.
- Fixates on face (eye contact).
- Eyes turn the opposite direction that head turns or tilts; this reflex (doll's eyes reflex) is inhibited after a few weeks as an infant's fixation increases.

1 to 3 Months:

- Stares at light source.
- Eye movements poorly coordinated (may not always appear to be straight or work together)
- Fascinated by lights and bright colors.
- Shifts eyes toward sound source.
- Follows or tracks a slowly moving object horizontally. Tracks from center to side to side to center (can't cross midline).
- Emerging convergence on objects as close as 5 inches.
- Visually inspects nearby surroundings (may move head and eyes as well as body)
- Watches own hand movements.
- Prefers to look at some pictures, people, toys longer than others, alerts to favorite object.

3 to 5 Months:

- Looks at objects in hands momentarily.
- Looks at hands and plays with hands at midline.
- Shifts gaze from hand to object and from object to hand.
- Fixates on object at 3 feet distance.
- Reaches for caregiver's face.
- Reaches for dangling toy.
- Follows a moving object over 180 degree arc.
- When sitting or laying down, turns head to either side to look at something she or he hears.
- Watches object dropped.
- Visually directed reach and grasp.

5 to 7 Months:

- Fixation fully developed.
- Eyes appear to be in balance with each other. Any deviation (in, out, up or down) seen at 6 months should be followed medically.
- While sitting, tracks a toy moving across the table.
- Looks into mirror and may smile or pat image.

7 to 12 Month:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Turns to look for objects out of reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Looks after toys which fall to the floor when sitting in a chair. |
| <input type="checkbox"/> | <input type="checkbox"/> | Removes cover to obtain toy which was hidden. |
| <input type="checkbox"/> | <input type="checkbox"/> | Looks at small objects, e.g., Cheerio, raisin, or cereal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Tilts head to look up; |
| <input type="checkbox"/> | <input type="checkbox"/> | Looks at picture in book. |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye-hand coordination developing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Fix, follow, shift, scan, converge & diverge well developed and integrated into functional skills: reaching, manipulation, self-care, play, getting around, exploring and observing. |

1 to 2 Years:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Finds different object from a group of like objects. |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest in pictures. |
| <input type="checkbox"/> | <input type="checkbox"/> | Marks and scribbles. |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to object asked for on a picture. |
| <input type="checkbox"/> | <input type="checkbox"/> | Looks at picture book. |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to familiar persons, animals, or toys on request. |
| <input type="checkbox"/> | <input type="checkbox"/> | Imitates isolated marks and circular motion with crayon. |
| <input type="checkbox"/> | <input type="checkbox"/> | Interested in TV momentarily. |
| <input type="checkbox"/> | <input type="checkbox"/> | Visually searches for missing object or person. |

2 to 3 Years:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Imitates adult making vertical or horizontal lines with pencil/crayon. |
| <input type="checkbox"/> | <input type="checkbox"/> | Imitates circle with pencil or crayon |
| <input type="checkbox"/> | <input type="checkbox"/> | Matches colors (red, yellow, blue, black, white) |
| <input type="checkbox"/> | <input type="checkbox"/> | Discrimination and identification of familiar objects such as toys, foods or clothing |
| <input type="checkbox"/> | <input type="checkbox"/> | Matches pictures to objects and pictures to pictures |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to body parts on doll or in picture when asked |
| <input type="checkbox"/> | <input type="checkbox"/> | Names or points to self in photograph |
| <input type="checkbox"/> | <input type="checkbox"/> | All optical skills smooth |

Symptoms of possible eye problems

- | | | | |
|--------------------------|-----------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Squinting | <input type="checkbox"/> | Light gazing |
| <input type="checkbox"/> | Frequent blinking | <input type="checkbox"/> | Red, encrusted, swollen eyes |
| <input type="checkbox"/> | Sensitivity to light | <input type="checkbox"/> | Crossed eyes |
| <input type="checkbox"/> | Inflamed or watery eyes | <input type="checkbox"/> | Eye wanders (after 6 months of age) |
| <input type="checkbox"/> | Frequent rubbing of eyes | <input type="checkbox"/> | Stumbling or falling over objects |
| <input type="checkbox"/> | Over or under reaching of objects | | |

Physician information: _____

Outcome: Referral to: Ophthalmology evaluation Date: - - and
 Early On® Date: - -