

## Child Vision Checklist

Vision is about much more than seeing 'blur' or not. Bring this form in with your child so we can help you fill in the gaps: Knowledge is power when it comes to vision and child development and learning. See the reverse for additional notes on what these items are.

	Score (4 optimal)	Notes
<b>Eye Health:</b>		
a) Anterior Segment: Lids, lashes, covering of the eyes (conjunctiva), cornea, iris, lens.	1 2 3 4	
b) Posterior Segment: Vitreous, retina, optic nerve, vessels, macula / fovea.		
<b>Visual Neurology and Attention:</b>	<b>1 2 3 4</b>	
a) Alignment/Posture:	1 2 3 4	
i) Strabismus:	1 2 3 4	
ii) Convergence restriction:	1 2 3 4	
iii) Excess phoria ('drift' greater than 6PD? Eso worse than exo.)	1 2 3 4	
b) Range of Movement (ROM)	1 2 3 4	
i) Comitant:	1 2 3 4	
ii) Full range of binocular (and monocular) eye movements:	1 2 3 4	
c) Ocular Motilities:	1 2 3 4	
i) Saccades	1 2 3 4	
ii) Pursuits	1 2 3 4	
iii) Midline accuracy/slip	1 2 3 4	
iv) Fixation	1 2 3 4	
d) Attention	1 2 3 4	
i) Follows instructions:	1 2 3 4	
ii) Shared attention:	1 2 3 4	
iii) Attention to pointing/directing in 360deg:	1 2 3 4	
iv) Can point/direct in 360deg:	1 2 3 4	
v) Can direct/point across midline:	1 2 3 4	
<b>Refraction (optical properties of the eyes, or 'prescription', includes visual acuity, but also colour vision and depth perception):</b>	<b>1 2 3 4</b>	
a) Nearsighted:	1 2 3 4	
b) Farsighted:	1 2 3 4	
c) Astigmatism:	1 2 3 4	
d) Anisometropia:	1 2 3 4	
e) Changes in optics/refraction:	1 2 3 4	
f) Depth Perception	1 2 3 4	
g) Colour Vision	1 2 3 4	

## Notes

Children who struggle with vision will almost never tell you there is a problem because their vision is 'normal' to them. Children who have significant vision concerns are likely to feel better, 'see', learn, and develop better if these are addressed. This doesn't always mean glasses. **Vision health and function problems are physical disabilities**, and can and **will affect a child's development and behaviour**. Any significant issues should be addressed in a timely fashion.

### 1) Eye Health:

- a) **Anterior Segment:** Lids, lashes, covering of the eyes (conjunctiva), cornea, iris, lens.
- b) **Posterior Segment:** Vitreous, retina, optic nerve, vessels, macula/fovea.

### 2) Visual Neurology and Attention:

- a) **Alignment/Posture:** Does the child have a strabismus (eye turn), convergence restriction (inability to cross/uncross eyes), excess phoria ('drift')?
- b) **Range of Movement (ROM):** Does the child show comitant movement through a full range of binocular (and monocular) eye movements?
- c) **Ocular Motilities:** Saccadic (jump) and pursuit (smooth) eye movements, midline accuracy/slip, fixation.

### 3) Refraction (optical properties of the eyes, or 'prescription'). All impact quickly on depth perception and development of spatial awareness and motor coordination. "Smart Boards" are a particular problem for children with even minimal refractive problems:

- a) **Nearsighted:** Beneficial for near distance, schoolwork, computers. A hazard for driving, sports, viewing television or events at a distance. Easy to spot because children squint, or hold targets near, walk up to targets. As a rule, anything more than 0.50D of nearsightedness (myopia) should be compensated at most times for school-aged children, partly to impede further progression of myopia.
- b) **Farsighted:** Hard to spot. Children struggle and strain to maintain focus on near objects, even though they can seem to 'see' them ok. These children are at a distinct disadvantage in the classroom that emphasizes computers and near work. Anything more than 0.75D farsightedness (*hyperopia*) should be compensated for near / computer work, and anything above 1.50D should be compensated full-time to prevent changes in affect / frustration, and the appearance of medical concerns, such as headache, fatigue, pain behind the eyes.
- c) **Astigmatism:** Astigmatism makes it so that only one small portion of a target is in sharp focus, the greater the astigmatism, the less of the image is in focus. Anything greater than 0.75D astigmatism should be corrected for near work/computers, anything greater than 1.00 should be corrected full time for children and adults. Astigmatism affects both the nearsighted and the farsighted, and often leads to decreased concentration, fatigue, and headaches.
- d) **Anisometropia:** A difference of 1.00D of power between the eyes. This may be in any aspect, whether nearsightedness, farsightedness, or astigmatism. Anisometropia leads to unbalanced focusing, poor motor coordination, reduced reading, and headache. Corrections are recommended for schoolwork beyond 1.00D, and this may be by contact lenses (optimal) or through 'balanced' or iseikonic/iophoric lenses.
- e) **Changes in optics/refraction:** As the child grows, so do the eyes become larger. Is the child maintaining their 'prescription' or are they shifting? Myopia is more likely to increase, while hyperopia is more likely to decrease with time. There are means to slow down the progression of myopia/nearsightedness.
- f) **Colour Vision / Depth Perception:** Is the child able to perceive a full range of colours, and is there an appreciation of depth/3-D? These are both impacted by health and refractive concerns. Depth perception is also impacted by alignment / visual posture.