

VISION SCREENING: DISTANT VISION COMPETENCY ASSESSMENT DOCUMENTATION

Check when demonstrated by screener	COMPETENCIES: Essential Steps for Accurate Screening <i>Licensed Health Care Professional observes screener accurately performing these steps in sequence with minimal coaching:</i>
	<p>1. Assemble required equipment and supplies. Prepare screening environment:</p> <p>Place chart in a position where glare is not present and lighting is suitable. The chart should be fully illuminated, either with back-lighting or in a fully lit room.</p> <p>Chart should be placed at height so passing line is at child’s line of sight.</p> <p>Measure a distance of 20 ft. or 10 ft. from the chart to the location where students will stand for screening. (The correct distance is determined from information on the screening chart.) Mark the distance clearly. The student will place their heels on the marker line for screening.</p> <p>The screening area should be quiet and free from distraction.</p>
	<p>2. Review the screening procedure with the child to assure the child can correctly demonstrate he/she understands the procedure by completely covering one eye and giving a response by stating the name or showing the direction of the symbol indicated by the screener.</p>
	<p>3. Have the student cover the left eye first. Repeat with the right eye covered.</p> <p>The primary screener stands at the chart and begins prescreening with largest symbol and distinct pointer held vertically below symbol. Child is to name or point to matching symbol.</p>
	<p>4. Begin testing at three lines above passing line for age, then progress to smaller letters or symbols to the passing line for age.</p> <p>To “pass” a line of measurement, the child must correctly identify at least one more than half the symbols for that line.</p>
	<p>5. Record results</p>
	<p>6. Carry out rescreen and notification procedures per local school practice/policy.</p>

SCREENER NAME AND DATE OF OBSERVATION BY HEALTH CARE PROFESSIONAL:

The above-named individual has been observed by the licensed health care professional identified below, as competent in performing the tasks identified above, using the following equipment:

- _____
- _____
- _____

Licensed Health Care Professional Signature: _____

Health Care Professional Name Printed

License No.

Date