

# SCHOOL VISION SCREENING REPORT



## SECTION 1 PERSONAL INFORMATION

To be completed by School staff

Surname

First name

Sex

Date of Birth

School

## SECTION 2 THE SCREENING PROGRAM

Your child was included in our Vision Screening Programme conducted recently at the school. This screening was a community service, **conducted by an optometrist from the following local practice....**

This Screening is designed especially for school aged children and contains testing procedures appropriate for the different age groups. The Screening enables us to identify children with significant vision difficulties which may hinder future performance at school.

The procedures evaluate vision clarity, eye coordination, colour vision, eye focusing and some eye health. However, it is still not a complete examination. It is possible that some children with subtle vision problems may still pass this range of Screening tests.

## SECTION 3 VISION RESULTS

To be completed by optometrist

On the basis of your child's screening, the results have been categorised as:

### PASSED SCREENING:

Vision was assessed as passing the Screening standard, but your child may still have a subtle vision problem which could hinder their school performance. We recommend a comprehensive examination with your family's eye-care practitioner if at any time you are concerned that your child may be showing any signs of a vision problem.

### BORDERLINE:

Vision was assessed as being close to the Screening standard. We recommend a comprehensive examination with your family's eye-care practitioner in 12 months time, or sooner if you are concerned that your child may be showing any signs of a vision problem.

### FURTHER EVALUATION:

On the basis of the results today, we recommend a comprehensive examination with your family's eye-care practitioner.

### ABSENT:

Your child was absent when we visited the school to conduct the Screening today. Please phone one of the optometrists shown above if you would still like your child to participate (without charge).

### RECEIVING TREATMENT:

Though already receiving treatment, your child was included in the experience of the Screening with their other friends. Please follow the existing recommendations of your family's eye-care practitioner.

## SECTION 4 IMPORTANT NOTICE TO PARENTS & GUARDIANS

If you are concerned, at any time, that your child may be developing a vision related problem, we recommend they have a comprehensive examination with your family's eye-care practitioner.

Signature of Optometrist

Optometrist's Name or Stamp

Date