

ABC CHECKLIST FOR VISION OBSERVATION AND HISTORY

It's as simple as A, B, C!

There are three common areas to look for when determining whether a child has a vision problem. A simple A, B, C Checklist can help you along the way! Your job is to be a good observer of the child's eyes and activities. If you have any questions about the vision of a child, please talk to a teacher, a school nurse, or a doctor. Many vision problems can be corrected, if caught early. Be a vision detective and identify vision problems early!

A = APPEARANCE

Do eyes look normal?

- Eyes turn in or out
- Crusty or red eyelids
- Different size pupils or eyes
- Swelling of eyelids
- Conjunctivitis (Pink eye)
- Drooping lid(s)
- Any other observation about "eyes that just don't "look right"?"

B = BEHAVIOR

Teacher/Parent Observation

- *Tilts head, covers or closes one eyes for critical seeing
- Difficulty in keeping place while reading -a "finger" reader
- Disinterested in activities involving critical seeing
- *Excessive stumbling, awkwardness or daydreaming
- *Holds printed material in unusual position
- *Has (reported) difficulty seeing at night or in the dark.
- Other behaviors the child does that seem to indicate vision problems.

C = COMPLAINTS

Child's Statements or Your Observations that the Child Might be Experiencing Discomfort During Visual Tasks

- Eyes hurt or blur while reading
- Headaches when reading
- Words move or jump about when reading
- Double vision
- Eye problem following a blow to the head
- Cannot see the chalkboard
- *Cannot see well at night or in dark situations
- *Eyes hurt or bother child when in bright lighting
- Other complaints or observations that might mean a child is experiencing discomfort during visual tasks

*Underlined items may be an indication of problems with field loss.

Reprinted from *Vibrations* Newsletter of Colorado Services for Children who are Deafblind, Winter 2000 Edition with adaptations by Region 12 Deafblind Stakeholder Committee.

Vision Quick Check

As a teacher of the deaf and hard of hearing, you are aware of the importance of vision for the child with a hearing impairment or deafness. Here are some things that you should investigate through parent and staff interviews and/or the student's records. (Adapted from the Deafblind Census of Texas Checklist)

1. Does the student have a documented visual impairment meeting Texas eligibility requirements as cited in the Commissioner's Rules?
2. Does the student have a vision loss in one eye only?
3. Does the student have a documented syndrome, disease or disorder associated with vision loss?
 - Congenital Rubella Syndrome
 - CHARGE
 - Down Syndrome
 - Cerebral Palsy
 - Prematurity
 - Meningitis
 - Congenital cataracts
 - Prematurity
 - Hydrocephaly
4. Does the student have a documented syndrome/disorder associated with a progressive vision loss?
 - Usher Syndrome
 - Leber's Congenital Amaurosis
 - Hurler's Syndrome
 - Glaucoma
5. Does the student have a diagnosis of cortical visual impairment, which results in difficulties in processing visual information, from an ophthalmologist and/or neurologist?
6. Does the student have a documented visual impairment of 20/70 or greater after correction in better eye or a loss in visual field?
7. Is the student at risk for vision loss? Factors to alert to include:
 - Diagnosis of nystagmus (an involuntary rapid movement of the eye)
 - Diagnosis of untreated amblyopia (uncorrectable blurred vision due to disuse of the eye) after the age of 6 years?
 - History of untreated eye condition, such as cataracts (a clouding of the lens of the eye), during the first three years of life
 - Impaired oculomotor functioning resulting from strabismus (a deviation of the eyes so they are not simultaneously directed to the same object) or cerebral palsy or other neurological impairments
 - Prematurity
 - Caregivers/professionals who know the child suspect visual impairments because visual attending and/or visual examining behaviors are less than anticipated
 - Family history of vision loss
 - Childhood injuries especially blows to the head
 - Craniofacial anomalies
 - Drug or alcohol abuse of parent during pregnancy
 - Low birth weight