

VIRGINIA PART C VISION FORM

Instructions

The Part C vision screening may be conducted by any Part C provider who is trained to conduct the vision screening.

Section 1: Prior Vision Screening or Full Vision Evaluation

This section must be completed only for those children who have had a vision screening or full vision evaluation prior to referral to the Part C system.

If the child has had a full vision evaluation within the past 6 months and there are no current reasons for concern about the child's vision based on medical/health and developmental screening information, then only Sections 1 and 5 of the Virginia Part C Hearing Screening form must be completed.

Complete the applicable information.

Section 2: Review of Medical and/or Case History

This section must be completed for all children unless a full vision evaluation has been completed within the past 6 months.

The purpose of reviewing the child's medical and/or case history is to identify any factors that may place the child at high risk for a visual impairment and that might warrant a referral for more in-depth testing (particularly if more than one risk factor is present or if there is a risk factor plus other indicators of possible visual impairment as detected through the other screening procedures described on the Virginia Part C Vision Screening form).

The review of medical and/or case history can be accomplished by review of medical records and/or through an interview with the parent. On the form, please check all risk factors that apply.

Section 3: Behavioral Observations

This section must be completed for all children unless a full vision evaluation has been completed within the past 6 months.

Informal observations related to the child's vision status are made during performance of developmental screening and any assessment procedures necessary for eligibility determination and/or service planning. In addition, parent report may be used in determining what vision-related behaviors are or are not typically observed with the child. Please note that this observation is not the same as an assessment for visual acuity completed by a medical professional.

On the form, mark those skills that are present by using a P in the box to indicate parent report or an O to indicate observation. For those skills that are neither observed nor reported the box should be left blank.

Section 4: Observation of the Eyes

This section must be completed for those children who have had no prior vision screening or full vision evaluation.

Any asymmetry or unusual features observed in the eye structures or movements should be noted. Check boxes to indicate all high-risk signs for vision impairment that are present.

Section 5: Findings

This section must be completed for all children.

Check the appropriate box, indicating the screener's recommendations to the IFSP team. PLEASE NOTE: The Department for the Blind and Vision Impaired strongly recommends that if the IFSP team has any question about any of the items on the screening, then the child should be referred to a physician or eye care specialist for a full vision evaluation.

People to Contact for Further Technical Assistance Related to Vision Screening:

Regional education coordinators with the Department for the Blind and Vision Impaired (DBVI) can provide assistance in selecting appropriate tools for screening the vision of infants and toddlers. The regional education coordinators can also provide training and help with implementation of vision screening procedures. Contact information for these regional offices is as follows:

Department for the Blind and Vision Impaired Regional Offices:

Bristol Regional Office

(276) 642-7300

Fairfax Regional Office

(703) 359-1100

Norfolk Regional Office

(757) 466-4162

Richmond Regional Office

(804) 371-3353

Roanoke Regional Office

(540) 561-7475

Staunton Regional Office

(540) 332-7729

Headquarters

(800) 622-2155

If you need further assistance, please feel free to contact Donna Cox, Director of Education and Library Services, at Department for the Blind and Vision Impaired:

Telephone: (804) 371-3661

Fax: (804) 371-3508

E-Mail: Donna.Cox@dbvi.virginia.gov

