EARLY INTERVENTION
VISION SERVICE GUIDELINES

Illinois Department of Human Services
Division of Community Health and Prevention
Bureau of Early Intervention

Hearing and Vision Early Intervention Outreach
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VISION SERVICE GUIDELINES

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INTRODUCTION

The purpose of the Vision Service Guidelines is to assist CFC staff with the procedural operations of the statewide Early Intervention Services System as it relates to infants and toddlers with vision loss. All Child and Family Connections procedures apply and are not necessarily repeated here unless it is specific to vision.

Training for all Service Coordinators is available through the on-line Service Coordinator Training and as a stand alone training through Illinois EI Training at www.illinoiseitraining.org. Additional in-depth training is available for Designated Service Coordinators through Hearing and Vision Early Intervention Outreach.

These guidelines and reference materials are also used as supporting documents for other trainings conducted by HV/EIO and are available on-line at www.morgan.k12.il.us/isd/hvc.

SECTION I: GENERAL INFORMATION

VISION LOSS

Children who are visually impaired or blind and their parents should have Early Intervention services available to them from the earliest age possible. These children and their families would benefit from an understanding of visual impairment and the unique needs, situations and experiences associated with visual impairments.

One infant in three thousand is diagnosed with a visual impairment. In addition, 40-66% of children diagnosed with visual impairments have additional disabilities which may include motor, cognitive, language, and other sensory impairments. Visual impairment may directly affect a child's motor, language, cognitive, social, and adaptive development. Special attention should be provided to such developmental needs to ensure that these children will reach their full potential. In the presence of a visual impairment, early intervention can help encourage the overall development of the child.

DEAF-BLINDNESS/DUAL SENSORY LOSS

A child with both a vision and hearing loss faces a unique view of the world. When a child has such a dual sensory loss, they are considered deaf-blind. Deaf-blindness is often misunderstood, because sometimes people think a child has to be TOTALLY deaf and TOTALLY blind to qualify. This is not true, as it is the combination of vision and hearing loss that is considered deaf-blindness. Many children considered deaf-blind have enough vision to be able to move about in their environment and recognize people, see sign language at close distances and even perhaps read large print. Other children have enough hearing to recognize familiar sounds, understand some speech and/or develop speech themselves. For a child who can see and hear, the world extends as far as his/her eyes and ears can reach. A child who is deaf-blind has a world that is initially much narrower. When a child is profoundly deaf and totally blind, his/her experience of the world extends only as far as the fingertips can reach.

Collaborative services from other agencies, such as Philip Rock Center/Project Reach, are available to help the child achieve his/her outcomes and should be listed in his/her IFSP, with the funding source appropriately identified.

HEARING AND VISION EARLY INTERVENTION OUTREACH

Hearing and Vision Early Intervention Outreach (HV/EIO) is a statewide Early Intervention training, resource, referral and technical assistance program for infants and toddlers who have a vision loss, hearing loss, or dual sensory loss. The program's goal is that all children in Illinois who are deaf, hard of hearing or visually impaired will have appropriate Early Intervention services. HV/EIO provides free quarterly newsletters and collaborates with other agencies for the provision of annual parent conferences throughout the state. A number of informational resources are available through HV/EIO's website at www.morgan.k12.il.us/isd/hvc.

PHILIP ROCK CENTER – PROJECT REACH

Project Reach is supported by a federal grant to provide technical assistance, information and training that addresses the early intervention needs of children with deaf-blindness. Project Reach's deaf-blind specialists can be one of the services and supports that are identified in a child's IFSP to help with achieving identified outcomes. Technical assistance is provided through in-service training and in home/ on site consultation to families and service providers. Services are provided in collaboration with any early intervention provider. There is no charge for Project Reach services.

Project Reach serves children and youth, aged birth – 21 who have a combined vision and hearing challenge. This expanse of age range of service allows Project Reach to be an integral part of transition teams, and can help children and families move from early intervention to educational services.

A referral should be made to determine if a child is eligible for this program's services. Referrals can be made to the Project Reach- Illinois Deaf-Blind Program at (630) 790-2474 Voice, (800) 771-1232 TTY, or prc@project-reach.org

DESIGNATED SERVICE COORDINATORS

Each Child and Family Connections office has a designated service coordinator(s) for families of children with a hearing or vision loss. These service coordinators participate in detailed training provided by Hearing and Vision Early Intervention Outreach, specific to service delivery for children with hearing and/or vision loss.

The Bureau of Early Intervention and Hearing and Vision Early Intervention Outreach keeps a list available of current designated service coordinators. Changes in designated service coordinator contact information should be reported by the CFC to the bureau and HV/EIO who revise and disseminate the list at least semi-annually.

SPECIALIZED PROVIDERS

Developmental Therapists/Vision

A Developmental Therapist/Vision (DTV) is an educator who works to help a child learn and develop in spite of an identified visual impairment. A DTV holds a bachelors degree or higher in Education for the Blind and Partially Sighted. He/She has also gone through additional training to add the early intervention credential to his/her expertise. This individual can receive authorizations under the service types Vision or Developmental Therapy.

The DTV looks at the child's skill levels and works to move him/her forward in all areas of development. They are not trying to improve vision; instead they are helping the family find ways to effectively teach the child about his world in spite of the child's visual loss. For example, literacy for a child who is blind or visually impaired must be approached in a totally different manner than with a child who has normal vision. A DTV helps families find resources related to their child's visual condition and will spend time helping the family understand the visual diagnosis and prognosis.

It is important for families to understand that a Developmental Therapist Vision is NOT a Vision Therapist. Vision therapy is a medical procedure and is not paid for by Early Intervention. Vision Therapy describes a service used primarily by optometrists to treat conditions of children or adults who typically have normal visual acuity and field but problems using their vision. The article entitled "A DTV is NOT a Vision Therapist" is available to further describe this difference. Please use this article to help educate parents or professionals when confusion arises related to the Vision Therapist and the DTV. It is very important for parents to realize that the service coordinator and/or the child's early intervention team is suggesting DTV services rather than Vision Therapy services. Just as only a doctor can prescribe medication; only a doctor can prescribe VT services.

Developmental Therapists/ Orientation and Mobility

A Developmental Therapist Orientation and Mobility (DTO&M) is a specialist in the field of blindness who holds a masters degree in Orientation and Mobility. This person has met additional requirements allowing them to obtain an early intervention credential. O&M describes a discipline which focuses specifically on safe travel and spacial awareness for persons with a visual impairment. When dealing with infants and toddlers, the DTO&M will focus on body awareness, spacial understanding, and travel. Many toddlers with a visual impairment will reach an ability level in which pre-cane devices and travel techniques become necessary. This could potentially graduate to the need for training in beginning skills for white cane use for older toddlers. It is very important that a child learn correct travel techniques from the beginning. Improper or unsafe habits are almost impossible to correct once they are formed.

OPENING DOORS FAMILY CONFERENCE

The Opening Doors conference is a family learning weekend designed to provide information and support to families so that they can meet the developmental needs of their child, under 5 years of age, who is blind or visually impaired. Parents participate in educational opportunities presented by experts from around the state while their child attends class supervised by experienced teachers of the blind and visually impaired. Parents will also be given opportunities to meet other parents, talk directly with professionals, and interact with their child in a group-play setting. Meals and on campus housing are provided free for the families. Registration for the event typically held in June, is through the Illinois School for the Visually Impaired. Phone 1-800-919-5617. For more information about the Opening Doors conference, visit the ISVI website at www.ISVI.net.

SECTION II: POLICIES AND PROCEDURES

INTAKE

Most children are not examined by an ophthalmologist or an optometrist either at the birthing hospital or during follow up care. When a child does require such services, service coordinators should be sensitive to the fact that vision may be a concern for this child. To help service coordinators be aware of the vast number of diagnoses that may affect a child's ability to see, a list of qualifying medical conditions resulting in high probability of developmental disabilities have been identified. For more information, see the subsection in this document entitled "Eligibility Criteria" under the section "Eligibility Determination".

For all families, a *Screening Device for Determining Family Fees and Eligibility for All Kids and DSCC* form is completed during Intake. When a child presents with a suspected or diagnosed eye impairment as a primary concern, a referral to the Division of Specialized Care for Children (DSCC) is indicated. On the Screening Device, eye impairments would be checked as the suspected or diagnosed medical condition that may potentially make the child DSCC eligible. Children with eligible eye impairment would be medically eligible for DSCC care coordination services, regardless of family income. Ongoing medical treatment for the eye impairment is provided by DSCC based upon financial need.

ELIGIBILITY DETERMINATION

Evaluation

CFCs should ensure that evaluation is completed in all five developmental domain areas. The area of physical development includes vision and hearing. Some children may have already been evaluated by an ophthalmologist or an optometrist. For the majority of the children who are referred to early intervention, however, evaluation and/or screening for vision has not yet been completed. In such instances, an effort should be made to determine if a child needs an examination by an ophthalmologist or optometrist. To help identify these children, Hearing and Vision Early Intervention Outreach has developed an easy-to-use functional screening tool for visual development that can be used by a service coordinator or any member of the evaluation team. A failed functional vision screening results in the identification of a child that needs to have an examination by an ophthalmologist or optometrist and a referral to DSCC, when appropriate. It is critical that vision problems be identified early in a child's development so that appropriate support, including Early Intervention Services, can begin.

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A *Screening Device for Determining Family Fees and Eligibility for All Kids and DSCC* form is completed at intake and a referral made to DSCC, if not already done, when a child presents with an eye impairment as a primary concern. In addition, when indicated by an optometrist or ophthalmologist report or as a result of the functional vision screening tool, a referral to DSCC should be made. If the child is DSCC eligible, ongoing support following diagnostics is provided by DSCC based on financial need. Children with an eligible eye impairment would be medically eligible for DSCC care coordination services, regardless of family income.

When it is identified that a child needs a referral to an optometrist, an optometric examination and a dispensing fee for eyeglasses should be authorized, when an enrolled optometrist is available. If no enrolled optometrist is available, the CFC should proceed with the provisional authorization process, following the procedures provided in the Provider Selection and Provisional Authorization Process section of the CFC Procedure Manual. When available, a family's private insurance will be billed for the optometric examination. Eyeglasses for children in EI are purchased through the IL Department of Corrections, at no cost to the family or its insurance. In addition, the service coordinator can refer for medical services using resources outside the Early Intervention system.

As stated in the CFC Procedure Manual, "In order to maximize all available resources, evaluations conducted by providers within or outside of the EI Services System prior to referral can and should be used to assist in eligibility determination and IFSP development if they are current (within the last six months) and contain all needed information." Reports from previous optometric evaluations should be considered, when appropriate.

When possible, children with identified visual concerns should receive a Functional Vision Evaluation (FVE) to determine the need for developmental vision services, in addition to a Global Evaluation. These evaluations are separate and need to be completed by two different evaluators. The FVE is administered by a Developmental Therapist Vision Evaluator. The procedure codes used for authorizing a FVE are found under Vision. Ongoing Developmental Therapy Vision services should not be authorized for a child unless that child has had a Functional Vision Evaluation by a Developmental Therapist Vision Evaluator through the Early Intervention System. In determining the initial evaluation team, the inclusion of a DTV would ensure their involvement at the initial IFSP.

Eligibility Criteria

A child can be determined eligible for EI based upon developmental delay, a diagnosed physical or mental condition that typically results in developmental delay or is at risk of substantial delay based upon defined criteria. For purposes of identifying children who would be determined eligible based upon a diagnosed visual impairment, a service coordinator should be aware of early intervention's identified medical conditions related to vision resulting in high probability of developmental delay.

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The following diagnoses related to vision determine a child eligible for the Illinois Early Intervention System:

Visual Impairment - The child has a medically diagnosed Visual Impairment.

Bilateral Amblyopia – This diagnosis refers to a condition in which the brain does not attend to visual information coming in from the eyes. For early intervention eligibility, the condition must be bilateral. A child diagnosed with amblyopia may be eligible for DSCC assistance during the patching phase of treatment. Strabismus contributes to amblyopia. Although strabismus is not a qualifying diagnosis for Early Intervention services, it is a potentially eligible impairment for DSCC.

Retinopathy of Prematurity (ROP) - This condition affects a child's retinas and is sometimes called Retrolental Fibroplasia. If this condition reaches a significant level of 3, 4, or 5, we know the child has considerable visual loss. In these cases, the child is eligible for early intervention. Children with stage 3 or above may be eligible for DSCC.

Bilateral Cataracts – Cataracts can affect one or both eyes. When both eyes are affected, a child is eligible for early intervention. It is important to understand that even if a child has had surgery to remove the cataract, the child still has a significant visual impairment and is eligible for early intervention services. Cataracts of one or both eyes are potentially eligible eye impairment for DSCC.

Myopia - Myopia is also known as nearsightedness. A Dioptor is the measure a doctor uses to determine the strength of glasses that are needed to correct the Myopia. A prescription of 3 dioptors or more would indicate a significant visual issue.

Albinism - This is a condition that can affect the skin, eyes, hair or all of these together. Children with albinism that includes the eyes, called Ocular Albinism, have significant visual limitations that are not correctable with glasses.

INDIVIDUALIZED FAMILY SERVICE PLAN

Initial/Annual IFSP Development

When vision is a concern, a Developmental Therapist Vision should complete a Functional Vision Evaluation, when possible, to help the team determine the child's needs. If information from an eye doctor's evaluation was used to assist in determining EI eligibility and that doctor is unable to attend the IFSP meeting, a DTV should review the evaluation and attend the IFSP meeting to help interpret the information from the report. This record review would typically be done as part of the Functional Vision Evaluation.

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As very young children grow, their visual needs change frequently. For children who wear eyeglasses, frequent follow up optometric care may be needed. An optometric examination and a dispensing fee for eyeglasses should be authorized as needed, when an enrolled optometrist is available. If no enrolled optometrist is available, the CFC should proceed with the provisional authorization process, following the procedures provided in the provider Selection and Provisional Authorization Process section of the CFC Procedure Manual. When available, a family's private insurance will be billed for the optometric examination. Eyeglasses for children in EI are purchased through the IL Department of Corrections, at no cost to the family or its insurance. In addition, the service coordinator can refer for medical services using resources outside the Early Intervention system.

Provider Selection and Provisional Authorization Process
Developmental Therapists Vision and Developmental Therapists Orientation and Mobility are extremely limited. When the need for such a specialist is identified, and no credentialed direct service provider is identified, the CFC should proceed with the provisional authorization process, following the procedures provided in the Provider Selection and Provisional Authorization Process section of the CFC Procedure Manual. Service coordinators are encouraged to contact Hearing and Vision Early Intervention Outreach for assistance in locating a provider.

It is important for families to understand that a Developmental Therapist Vision is NOT a Vision Therapist. Vision therapy is a medical procedure and is not paid for by Early Intervention. The article entitled "A DTV is NOT a Vision Therapist" is available to further describe this difference. Please use this article to help educate parents or professionals when confusion arises related to the Vision Therapist and the Developmental Therapist Vision. It is very important for parents to realize that you are suggesting DTV services rather than Vision Therapy services. Just as only a doctor can prescribe medication; only a doctor can prescribe VT services.

Eye Glasses Authorizations
Optometrists can be compensated for eye exams and dispensing fees. Eye glasses are provided through Illinois Department of Corrections. These services need to be authorized before they are provided. Every Optometric Examination Authorization must be accompanied by a Dispensing Fee Authorization, regardless of whether or not eyeglasses are prescribed. Such authorizations should be utilized to meet a child's initial needs, as well as for needed eyeglass replacements.

TRANSITION

Each Special Education entity in Illinois employs a Teacher for Children with Visual Impairments to help meet the educational needs of students with vision loss. When service coordinators initiate transition activities, school districts should be made aware of a child's vision diagnosis so that these specialized services can be utilized as needed.

FAMILY SUPPORT

Family support is as important as the child's intervention needs. Parents consistently report that their need for support was most significant during the time their child was first diagnosed as having an impairment of vision. A parent packet entitled "Supporting Families" is available to Illinois families who have a child with a vision loss. This free resource will help families get started in gathering information and finding the supports they need as they begin to learn about their child's vision loss. Contact Hearing and Vision Early Intervention Outreach (HV/EIO) toll free at 877-731-8184 or go to their website for more information at http://morgan.k12.il.us/isd/hvc.

SECTION III: ADDENDUM RESOURCES, TOOLS, AND FORMS

Definitions Related to Vision Loss

Screening Tool: Visual Development

DEFINITIONS RELATED TO VISION LOSS

This document contains words or terms commonly used in the identification, evaluation, assessment, and service provision of children with significant vision loss or blindness.

ACCOMMODATION: the ability to change focus from a distance point to a near point and vice versa

ACUITY LOSS: the reduction of the ability to discriminate detail and, thereby, resulting in blurred vision

ALBINISM: full or partial lack of pigment, may affect eyes only or entire body; may cause abnormal visual development depending on the severity of the condition due to abnormal development of the macula of the eye

AMBLYOPIA: reduction in acuity, especially when there is no apparent pathologic condition of the eye. Amblyopia can be associated with strabismus or a significant difference in refractive error between the two eyes. Generally effects one eye. Often referred to as "lazy eye".

ANIRIDIA: congenital, traumatic, or surgical total or partial absence of the iris

ANOPHTHALMIA: absence of one or both eye globes

APHAKIA: absence of the crystalline lens in the eye, most commonly due to cataracts which have been surgically removed

ASTIGMATISM: a refractive error where blurred vision is caused by an irregular curvature of the surface of the cornea or the internal focusing structures

BINOCULAR VISION: coordinated use of the eyes to focus and align on one object and to fuse the two separate images into one visual image

BLINK REFLEX: spontaneous eyelid blinking which occurs approximately every 5-10 seconds or is induced by sudden sounds or approaching objects

CATARACT: a condition in which the lens of the eye becomes cloudy, resulting in a reduction of acuity

CENTRAL SCOTOMA: loss of vision of objects or part of objects directly in the line of sight

COLOBOMA: incomplete closure in development of the lower parts of the eye such as the retina, lid or iris with frequent optic nerve involvement

CONGENITAL: present at birth

CONJUNCTIVITIS: inflammation of the membrane lining the eyelids and portions of the globe

CONVERGENCE: when the eyes turn inward to maintain the line of sight on a near object/word

CORTICAL VISUAL IMPAIRMENT (CVI): (Also known as cerebral visual impairment.) Inability of the brain to receive or understand and process visual information regardless of eye health status. This may occur in the presence of a healthy eye.

DEPTH PERCEPTION: the ability to perceive the relative positions of objects in space

DESIGNATED SERVICE COORDINATOR: Each Child and Family Connections office has designated service coordinators for families of children with a hearing or vision loss. These service coordinators participate in detailed training provided by Hearing and Vision Early Intervention Outreach, specific to service delivery for children with hearing and/or vision loss.

DETACHED RETINA: A separation of retina from the layers of the eye to which it is normally attached.

DEVELOPMENTAL THERAPIST/Orientation and Mobility (DTO&M): A Developmental Therapist/Orientation and Mobility (DTO&M) is an educator who works to help a child learn spacial orientation skills and safe travel techniques needed as a result of an identified visual impairment. A DTO&M holds a bachelors degree or higher in Orientation and Mobility. He/She has also met the educational and experience requirements to become Early Intervention credentialed. This individual is dually enrolled in the EI categories of DT and DV and can provide DT and DTV (vision) services as a Developmental Therapist and a Developmental Therapist/Orientation and Mobility.

DEVELOPMENTAL THERAPIST/VISION (DTV): A Developmental Therapist/Vision (DTV) is an educator who works to help a child learn and develop in spite of an identified visual impairment. A DTV holds a bachelors degree or higher in Education for the Blind and Partially Sighted. He/She has also gone through additional training to add the early intervention credential to his/her expertise. This individual is dually credentialed as a Developmental Therapist and a Developmental Therapist/Vision.

DIAGNOSTIC VISION EVALUATION: vision evaluation given by an ophthalmologist or an optometrist to diagnose and/or treat the visual status of the patient.

DIVISION OF SPECIALIZED CARE FOR CHILDREN / DSCC: University of Illinois at Chicago, Division of Specialized Care for Children is the Title V program in Illinois designated to assist eligible children with special health care needs, and their families. DSCC provides care coordination, information provision, and referral for any children with eligible medical conditions. DSCC also provides financial assistance for families who are financially eligible. Hearing loss and certain eye impairments are two of the eligible conditions included in the DSCC program. DSCC can help families obtain hearing aids, cochlear implants, ENT (Ear Nose Throat) care, medications, educational services and other community resources which may be beneficial to families. Regional Office information can be obtained from their website at http://www.uic.edu/hsc/dscc.

DIPLOPIA: double vision

ESOTROPIA: condition in which one or both eyes turn in

EXOTROPIA: condition in which one or both of the eyes turn out

EYE TEAMING: both eyes working together properly

FARSIGHTEDNESS: see hyperopia

FIELD LOSS: inability to see in certain directions relative to the central line of sight

FIELD OF VISION: the widest area that can be seen while looking straight ahead

FIXATION: to direct a gaze and hold an object in view

FOVEA: small depression in the macula of the retina; area of sharpest vision

FUNCTIONAL VISION EVALUATION: A vision evaluation administered by a vision specialist. Used to determine how an individual is able to use his/her vision. This helps to show what the individual can see in the everyday environment.

GAZE SHIFT: process of looking from one object to another

GLAUCOMA: increased internal eye pressure with possible optic nerve damage and vision loss

HEARING AND VISION EARLY INTERVENTION OUTREACH/ HV/EIO: A statewide Early Intervention training, resource, referral and technical assistance program for infants and toddlers who are deaf, hard of hearing, or visually impaired

HYPEROPIA: (farsightedness) a refractive error that is usually caused by the eyeball being too short front to back or focusing power is too weak. With this condition, one can see objects more clearly at a distance.

HYPERTROPIA: turning upward of one or both of the eyes

LEBER'S CONGENITAL AMAUROSIS: genetic disease that effects retinal cells causing a progressive loss of vision

LEBER'S OPTIC ATROPHY: A rare genetic disease resulting in progressive cloudiness in vision followed by field loss. This disease usually affects young males. Onset occurs late in childhood.

LEGAL BLINDNESS: central visual acuity of 20/200 or less in the better seeing eye with corrective lenses or a peripheral field loss in which the widest diameter of the field in the better eye is no greater than 20 degrees (14" diameter at 1 meter).

LIGHT PERCEPTION: ability to distinguish a light stimulus

LOW VISION: vision that cannot be corrected to normal with conventional lenses

LOW VISION AIDS: optical and non-optical devices prescribed for persons with visual impairment persons to maximize their visual skills

MACULA: the central area of the retina that surrounds the fovea and with the fovea comprises the area of most acute vision

MICROPHTHALMIA: abnormally small eyeball, usually congenital, typically resulting in significant visual loss

MYOPIA: (nearsightedness) a refractive error caused by the eyeball being too long or focusing power too strong. With this condition, one can see close objects more clearly, but objects at a distance appear out of focus

NEARSIGHTEDNESS: see myopia

NYSTAGMUS: a condition that involves small involuntary rapid movements of the eyes from side to side, in a circular, jerk, or pendular motion, or a combination of these. It may be secondary to poor visual acuity or due to abnormality in brain function.

OPHTHALMOLOGIST: a physician (M.D.) who specializes in the diagnosis and treatment of the eye, performs surgery, and prescribes glasses, medicine or therapy

OPTIC ATROPHY: reduced ability of the optic nerve to send nerve impulses from the retina to the brain

OPTIC NERVE: the cranial nerve that is carries nerve impulses from the retina to the brain

OPTIC NERVE HYPOPLASIA (ONH): congenital underdevelopment of the optic nerve

OPTICIAN: an individual who specializes in fitting, adjusting and dispensing glasses and other optical devices prescribed by the ophthalmologist or optometrist

OPTOMETRIST: an individual (O.D.) who specializes in the diagnosis and treatment of the eyes and related structures, and prescribes glasses, medicine, prisms, low vision devices and therapy

ORIENTATION AND MOBILITY (O&M): a sequential process in which people with visual impairments are taught to utilize their remaining senses to determine their position within the environment and to negotiate safe movement from one place to another

ORIENTATION AND MOBILITY SPECIALIST (COMS): a certified professional trained to teach orientation and mobility skills to people with visual impairment

ORTHOPTIC TRAINING: series of eye exercises to develop or restore binocular vision

PEDIATRIC OPHTHALMOLOGIST: an ophthalmologist (M.D.) with fellowship training in pediatric ophthalmology specializing in the diagnosis and treatment of the ocular problems in children, performs surgery, and prescribes glasses, medicine or therapy.

PEDIATRIC OPTOMETRIST: an individual (O.D.) who works with the pediatric population and specializes in the diagnosis and treatment of the eyes and related structures, and prescribes glasses, prisms, low vision devices and therapy. This is an optometrist who has completed additional training in order to work with the pediatric population.

PERIPHERAL FIELD: vision allowing the perception of objects and movement outside of the direct line of sight

PHOTOPHOBIA: abnormal sensitivity to light

PROSTHESIS: a substitute for a missing body part such as the eye

PTOSIS: a drooping of an eyelid

PUPILLARY RESPONSES: contractions or dilations of the pupil due to changes in brightness in the environment, or the distance a target is viewed

REFRACTION: the measurement of the eye to determine refractive errors and the need for prescriptive lenses

REFRACTIVE ERROR: a focusing error in the eye that prevents light rays from focusing accurately on the retina

REHABILITATION TEACHER: teachers trained to instruct persons (generally adults) with visual impairments in the use of compensatory skills and assistive technology that will assist an individual in living a safe, productive, and independent life

RETINA: innermost layer of the eye, formed of light sensitive receptors and nerves that connect the retina through the optic nerve to visual centers in the brain

RETINITIS PIGMENTOSA (RP): progressive degeneration, often hereditary, of the retina which leads to peripheral and eventually central field loss

RETINOBLASTOMA: the most common malignant intraocular tumor of childhood occurring prior to the age of 5 years

RETINOPATHY OF PREMATURITY (ROP): condition resulting from complications of low birth weight which may lead to reduced visual acuity, visual impairment or total blindness

SCANNING: the ability to visually search the environment with eyes alone or along with head movement

SCATTERED SCOTOMAS: patches of vision loss in visual field

STRABISMUS: eye muscle imbalance -- e.g. esotropia (eye turning in), exotropia (eye turning out) or hyper/hypotropia (eye turning up or down)

TEACHER FOR THE VISUALLY IMPAIRED (TVI): an individual who has completed a four year teaching degree in the special education field specific to visual impairments

TRACKING: the ability to visually follow moving objects horizontally, vertically, or in an oblique plane

VISUAL ACUITY: ability of the eye to perceive detail; sharpness of vision

VISUAL DISCRIMINATION: the ability to accurately compare and contrast visual images

VISION SPECIALISTS: certified teachers of children with visual impairments, orientation and mobility specialists, Developmental Therapist/Vision (DTV) and Rehabilitation Teachers.

VISION THERAPY: also referred to as visual training or orthoptics. A treatment regimen to correct or improve specific dysfunctions of the visual system identified by standardized diagnostic criteria. This type of therapy can only be prescribed and administered by an optometrist or an ophthalmologist.

VISUAL EFFICIENCY: degree to which a child can use vision; a skill that needs to be developed with students who are visually impaired

Child's Name______________________BirthDate_________Age____Sex: M / F

Parent/Guardian_________________________Phone No.__________________

Address____Date______________

Illinois Functional Vision Screening Tool

(for use by families, DT's, DTV's and Service Coordinators)

This screening tool can be used as part of the global evaluation process if screening results are not already available from another source. Vision and hearing screening are both reported on the Individual Family Services Plan under the domain of physical development.

Note: Free trainings are offered around the state through Hearing and Vision Early Intervention Outreach (HV/EIO) on the use of this three-part Illinois Functional Vision Screening tool. Those intending to use the tool are encouraged to complete the training. Steps one and two can be used without step three. Step three should only be administered by an individual who has attended the HV/EIO training on the Illinois Functional Screening tool. View and download the screening tool on the HV/EIO website at http://morgan.k12.il.us/isd/hvc

Results Summary:

Step 1 Initial Observations	Pass	Refer
Step 2 Developmental Milestones	Pass	Refer
Step 3 Functional Screening Items		
Pupillary Response/Appearance	Pass	Refer
Visual Field Test	Pass	Refer
Tracking	Pass	Refer
Corneal Light Reflex	Pass	Refer

Comments including reason for referral or description of concerns:

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STEP 1 Initial Observations

A "Yes" to any of the following statements indicates that follow up action is needed.

Appearance

Yes	No	Description	Follow Up Action Needed
		Eyes are crossed, turn in or out, or move independently of one another…all of the time, part of the time or when the child is tired.	DSCC
		Eyes are frequently red, watery, or crusted.	Primary Care Physician
		Eye lids droop to cover pupils.	DSCC
		Eyes shake or move constantly.	DSCC
		Pupils of markedly different sizes. (more than several millimeters difference.)	DSCC
		One or both of the child's pupils are unusually shaped.	Primary Care Physician
		One or both of the child's pupils look white or cloudy.	DSCC
		Pupils that are red or violet.	Primary Care Physician

Function

Yes	No	Description	Follow Up Action Needed
		Prefers one eye over the other.	DSCC
		Tilts or turns head to use one eye.	DSCC
		Holds objects unusually close or far when looking at them.	EI Auth
		Frequently trips or runs into things.	EI Auth
		Stands unusually close to the television.	EI Auth
		Avoiding visual concentration.	EI Auth
		Cries or otherwise indicates pain in bright-light situations such as sunlight.	EI Auth

Comments:

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Step 2 Infant/Toddler Visual Developmental Sequence Checklist

A child who does not appear to be using visual skills at or above age level should receive an EI Authorization for an optometric examination unless otherwise noted within this checklist.

Developmental Age	Visual Skills
Birth to one month	❑ Stares at lights, windows & bright walls ❑ Blinks when light is too bright ❑ Pupil gets smaller when light is shone in either eye, both pupils get equally larger when lights are turned down. ❑ Looks at faces briefly ❑ Looks briefly at objects placed in field of vision. May momentarily stop activity such as sucking or moving. ❑ Eyes turn the opposite direction that head turns or tilts. This reflex is inhibited after the first few weeks as child's fixation increases. ❑ Seems to focus best on objects 10 inches from face or further. ❑ Follows or tracks a slowly moving object horizontally with eyes
One to three month	❑ Fixates on object within field of vision ❑ Eye contact increases ❑ Smiles in response to looking into face of a person who is talking or smiling ❑ May smile at a picture or drawing of a face ❑ Looks at high contrast patterns ❑ Focuses on objects from 5 inches to as close as 3 inches ❑ Visually inspects hands and nearby surroundings ❑ Shows visual preference for people or objects ❑ Will turn to an object brought in from the side ❑ Can tilt head to look at objects above and below NOTE: At this young age, eye movements are poorly coordinated and eyes may not always appear straight or work together all the time.
Three to five months	❑ Looks at objects in hands momentarily ❑ Most objects within reach are looked at and reached for ❑ Visually attends to objects at distances from 5 - 20 inches ❑ Follows or tracks an object vertically or a fast moving object ❑ Moves head or eyes to sound ❑ Looks for toys that go out of sight ❑ Fixates on objects at 3 feet ❑ Looks at small objects and details ❑ Accurately reaches for objects

Five to seven months	❑ Binocular eye movements are well developed **NOTE:** Deviations should be followed medically. Refer to DSCC. ❑ Prefers to look at more complex and real pictures ❑ Looks in a mirror and may smile, pat, or kiss image ❑ Visually discriminates strangers ❑ Responds to a variety of facial expressions ❑ Laughs at peek-a-boo games
Seven to twelve months	❑ Tilts head to look up ❑ Tracks objects with eyes rather than just head ❑ Fixates on facial expression and imitates ❑ Reaches for small objects such as pieces of cereal ❑ Recognizes some pictures
Twelve to eighteen months	❑ Identifies likenesses and differences ❑ Makes linear marks on paper ❑ Looks toward indicated objects when requested ❑ Looks at picture books and turns pages
Eighteen months to three years	❑ Looks behind the mirror when looking at own reflection ❑ Differentiates, discriminates and identifies familiar objects ❑ Imitates simple actions ❑ Imitates vertical, horizontal, and circular marks ❑ Matches pictures to objects and pictures to pictures ❑ Matches colors ❑ Matches circle, square, and triangle ❑ Identifies body parts on dolls or picture ❑ Names or points to self in photograph

Comments:

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STEP 3 Functional Vision Screening Items

This step should only be conducted with children 12 months and older. This step should only be administered by an individual who has attended the HV/EIO training on the Illinois Functional Vision Screening tool.

Tracking

When completing the tracking test on children 12 months or older, position the object or light about 12" from the child's eyes. Move object to get the child's attention and let him look at it for 2-3 seconds. Slowly move object in an arc to the far left then to the far right for horizontal tracking. Then slowly move the object in an arc up to several inches above the child's head and then down to several inches below his chin.

Record Results

Horizontal	Smooth	Jerky	Not Present
Vertical	Smooth	Jerky	Not Present

Pass = smooth tracking
Refer = tracking is jerky or not present
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments____

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Pupillary Appearance/Response

Pupils should be round, black and equal in size. They should change size, by getting smaller with light and larger in a darkened room. Seizure medications, neurological problems, & other medications can inhibit this response. **Both eyes should react equally to changes in light.**

Record Results

Right Eye: Response to light: Absent Sluggish Quick
Round, black and equal in size to left eye? YES or NO

Left Eye: Response to light: Absent Sluggish Quick
Round, black and equal in size to right eye? YES or NO

Pass = Both pupils respond quickly and are round, black and equal in size
Refer = Absent or sluggish response in either eye OR either pupil is not round, black or equal in size.
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments____

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Visual Field Test

With the child attending to a target such as a toy or the television, attempt to distract his attention by bring a shiny moving object into his peripheral field. Slowly bring the object from behind the child and toward his central vision. The child should shift gaze before the object reaches his central vision.

Record Results

Upper Left	Yes	No	Upper Right	Yes	No
Middle Left	Yes	No	Middle Right	Yes	No
Lower Left	Yes	No	Lower Right	Yes	No

Pass = child shifts gaze to at least 4 points
Refer = child does not shift gaze to at least 4 points
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments____

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Hirschberg Corneal Light Reflex

Hold a penlight 8”-10” away from the child’s face directly in front of the eyes. Direct the light from the penlight in between the eyebrows. The child needs to fixate either on the penlight or on an object held near the light. Observe the reflection of the penlight in the pupils of both eyes. The reflection should be equally centered and slightly toward the nose. Sensitivity to light, rapid eye movement and poor fixation observed during this test are also reasons for referral.

Record Results

_______ Centered in BOTH eyes
_______ Equally centered SLIGHTLY nasal in BOTH eyes
_______ Not centered in one or both eyes

Pass = centered in both eyes or slightly nasal
Refer = not centered in one or both eyes
Referral Action = Children with questionable results should be referred to DSCC for a diagnostic evaluation by an ophthalmologist.

Comments____

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