

New State Law Now Requires Vision Evaluations

Beginning with the 2006-2007 school year, students entering school for the first time, including kindergarteners and transfer students from out of state, will be required to provide proof of a vision evaluation taken within six months prior to the student's entrance.

The vision evaluation is required to test for amblyopia (lazy eye) and strabismus (misalignment of the eyes), which are two of the most common vision disorders in young children, as well as internal and external eye health and visual acuity. A certificate or form stating results of the evaluation must be signed by an optometrist, physician, physician assistant, or advanced practice registered nurse.

According to the Nebraska Foundation for Children's Vision, statistics show that 80% or more of all learning during a child's first 12 years depends on vision, yet one of every five children entering kindergarten has an undetected vision disorder significant enough to impact the child's ability to learn. The Foundation notes that symptoms of vision problems often are not evident to parents or educators at early ages and young children often cannot self-identify abnormal conditions.

Typical vision screenings test only for distance vision and are not designed to assess many of the common vision disorders in young children. The new state law will now help assure that more students get a broader assessment of conditions that could adversely impact their learning ability.

Source: Nebraska Foundation for Children's Vision (NEchildrensvision.org)

SCHOOL VISION EVALUATION Report Form

A School Vision Evaluation is required for all children **within six months prior to entering** Nebraska schools for the first time (*includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska*) [Nebraska Revised Statute 79-214]

Name: _____ Date of Birth: _____

School: _____ Date: _____

Student Status (*check one*): ___ Beginner Grade ___ Transfer Student from Out of State

Recommend REQUIRED TESTS* Evaluation	Pass	Fail	Further <i>(comments)</i>
<i>noted below</i> Amblyopia _____	_____	_____	
Strabismus _____	_____	_____	
Internal Eye Health _____	_____	_____	
External Eye Health _____	_____	_____	
Visual Acuity			
Right eye @ distance (20 ft.):		20/____	
aided/unaided			
Left eye @ distance (20 ft.):		20/____	
aided/unaided			
Right eye @ near (16 in.):		20/____	
aided/unaided			
Left eye @ near (16 in.):		20/____	
aided/unaided			
<i>*A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.</i>			

Recommend ADDITIONAL TESTS Evaluation	Pass	Fail	Further
Eye Alignment at Distance _____	_____	_____	
Eye Alignment at Near _____	_____	_____	
Depth Perception _____	_____	_____	
Color Vision _____	_____	_____	
Focusing Amount _____	_____	_____	
Focusing Flexibility _____	_____	_____	
Focusing Lag (Accuracy) _____	_____	_____	
Convergence (Crossing) Ability _____	_____	_____	
Saccade (Rapid) Eye Movement _____	_____	_____	
Pursuit (Tracking) Eye Movement _____	_____	_____	
Other: _____ _____	_____	_____	

COMMENTS/RECOMMENDATIONS:

Evaluation performed by: _____ **Date:** _____

(signature)

___ O.D. ___ M.D. ___ P.A. ___ A.P.R.N.

Original—Doctor Copy #1—Parent Copy #2—School Nurse Copy #3—Placed in
student's permanent file

Nebraska Foundation for Children's Vision (www.NEchildrensvision.org)