

# Vision Screening Program

Cobb County School District



# Vision Screening Program

## CONTACTS:

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## **What to do first?**

**DISCARD ANY OLD SCREENING  
MANUALS AND  
USE ONLY THE CURRENT  
YEAR'S MANUAL.**

# Common Vision Terminology

- 20/20
  - The person can see clearly at 20 ft what should normally be seen at 20 ft.
  - This is **Average** Vision – NOT Perfect Vision
- 20/100
  - The person would have to be at 20 ft to see clearly what should normally be seen at 100 ft.
- 20/15
  - Better than 20/20!
  - The person can see clearly at 20 ft what should normally be seen at 15 ft.

# Common Vision Problems

## Near Sightedness/ Myopia

- Objects **up close** are **clear**
- Objects far away are blurry



## Far Sightedness/ Hyperopia

- Objects up close are blurry
- Objects **far away** are **clear**



# Common Vision Problems

## Astigmatism

- All objects near and far are distorted



## Presbyopia

- The eye can no longer focus up close





# Common Vision Problems

- **Amblyopia or Lazy Eye**
- Vision in one eye is weaker than other. The brain suppresses the weaker eye and uses the good eye
- Usually develops before age 6
- 6/7 critical age
- Patching is often used to address



- **Strabismus or Crossed Eyes**
- One or both eyes turn in, out, up or down due to weak muscle control
- Can develop as late as age 6



# Digital Eye Strain

Digital devices are putting stress on the visual system

- Back-lit LED screens
- Smart phones /Tablets

40% of 3rd-12th graders own a tablet

40% of college students use tablets as their main computer

35% of US population own tablet and 60% own a smartphone

Causes children to constantly converge and diverge eyes while trying to focus on the screen--leads to staring --->decreased blink rate

Children are using technology at a younger age, and small children hold things closer to their eyes



# Digital Eye Strain- con't

## Symptoms of Digital Eye Strain

- fluctuating vision, decreased concentration
  - dry eyes
  - red eyes
  - burning eyes, fatigue
- \*\*Eyes get locked into over-focusing.**

Child may be wearing wrong prescription (ie: technology use may lead to false near-sightedness)

- exam often done after child playing on tablet/phone in waiting room

### **The 20-20-20 rule** to prevent eye strain:

After every 20 minutes of computer/tablet use, a person should take a visual break for at least 20 seconds and look at objects that are at least 20 feet away.

# High Energy Blue Light

Found in LED bulbs and also emitted from tablets

- Different wavelengths of visible light focus on different parts of retina

- Blue light stresses the focusing system

Melatonin tells brain that we need to sleep

Blue light suppress Melatonin->decreased sleep->disrupted circadian rhythms--> obesity, fluctuating moods-hormonal changes.-->decreased learning

Recommend to stop using tablets 1-2 hours before bedtime.

# Vision Screening Program

- **The purpose of the program is to detect students who may have a vision disorder, in order to refer them for further care.**
- It is estimated up to **25%** of school age children have undetected, treatable vision problems that can interfere with learning.
- 80% of what a child learns is visual.
- Children can be unaware that they have a vision problem – they may think everyone sees the same way they do.
- A child with an undetected or untreated vision problem is more likely to develop social or emotional problems.
  - Thus, a child's vision problems can affect not only their own learning, but that of their peers.

# Vision Screening Program

- **NOT a substitute** for routine vision care.
- **NOT** a diagnostic procedure; does not determine whether treatment/glasses will be needed.
- Children should see an Optometrist /Ophthalmologist before KG
- Annual eye exams are recommended for kids with glasses and/or contacts.
- Children who do not wear corrective eye wear should have an eye exam at least every other year.

# Vision Screening Program

- **Who do we screen (for the MASS screening)?**
  - Grades 1, 4, 7, & 10
  - Students newly enrolled (unless they provide a 3300 form that documents vision screening has already occurred.)

# Screening Authorizations

- Parent permission is **NOT** required for students:
  - Grades 1, 4, 7, & 10
- If you feel any other student **needs a screening** – form **V3** needs to be signed by parent or, in the case of a Special Education referral, the Special Education 2102 form may be used.



# Vision Screening Program

- All new students need a completed Certificate of Ear, Eye, and Dental Examination (**Form 3300**) on file
- Completing a 3300 form is NOT part of mass screening program –Parents should provide this (from the doctor or health department)
- Remember – this is for **NEW STUDENTS** – only ONE Form 3300 is required to be on file.

# ABC's of Detection

## Appearance Signs:

- Eyes crossed
- Droopy lids or Swollen lids
- Unequal pupils
- Eyes in constant motion

## Behavior Signs:

- Rigid body while viewing distant objects
- Leaning forward toward the eye chart
- Tilting head
- Rubbing eyes
- Excessive blinking
- Squinting

## Complaint Signs:

- Eyes burn / itch
- Seeing double
- Unusual light sensitivity
- Headaches
- Letters jump together

Use common sense if any of these signs are present. You may refer based on the ABC's alone; but if possible, go ahead and proceed with the screening. You are likely to confirm, and possibly strengthen, a referral for follow up care.

## NOTE:

If a child has red, watery, or encrusted eye(s):

- **DO NOT SCREEN the child.** Send home the V1 letter, and mark the child as “fail” for the vision screening (and document the reason.)
- The child needs medical attention.

# Screening Procedures

- If a child wears glasses, perform the screening with the glasses on.
- If child *fails* WITH glasses, the glasses may be for reading (near vision) – try screening again without glasses.
- Screening Challenges
  - Shy or Frightened
  - Learning disability
  - First Language not English
  - Hearing Loss
  - Malingering/Stalling

# HOTV Testing – 10 foot chart (Preferred Chart)

- If you need to purchase more charts for your school:  
HOTV charts available at <https://www.schoolhealth.com/vision-hearing/eye-charts-cards/hotv> or [www.macgill.com](http://www.macgill.com) or [www.preventblindness.org](http://www.preventblindness.org)

\*Schools are responsible for purchasing the cart not the county



# Preparation for Screening\*

\* If not using the Lions Club

- GATHER SCREENING SUPPLIES:
  - Eye chart(s)
  - Documentation forms
  - Pens
  - Pointer
  - Clipboard
  - Tissues
  - Screening Instructions/Manual
  - Measuring Tape
  - Masking Tape
  - Occluders
  - Trash can



# Preparing the Environment \*

\* If not using the Lions Club

- Schedule visual screenings early in the school year to maximize learning potential (NO LATER THAN WINTER HOLIDAYS)
- Select a comfortable environment with adequate lighting to minimize distraction
- Check each wall chart for proper screening distance. Students' HEELS should be 10 feet from the chart. Mark spot for students to stand with masking tape or "happy feet" (cut out feet from construction paper/laminate/tape to floor).
- Place chart at eye level from floor (eye level depends on the age/height of the students being screened) on an uncluttered, non-patterned wall.
- Normal lighting (without glare/shadows) is needed.
- Be aware of potential letter memorization (Allow only one student in the screening area at a time)

# Preparation for Screening \*

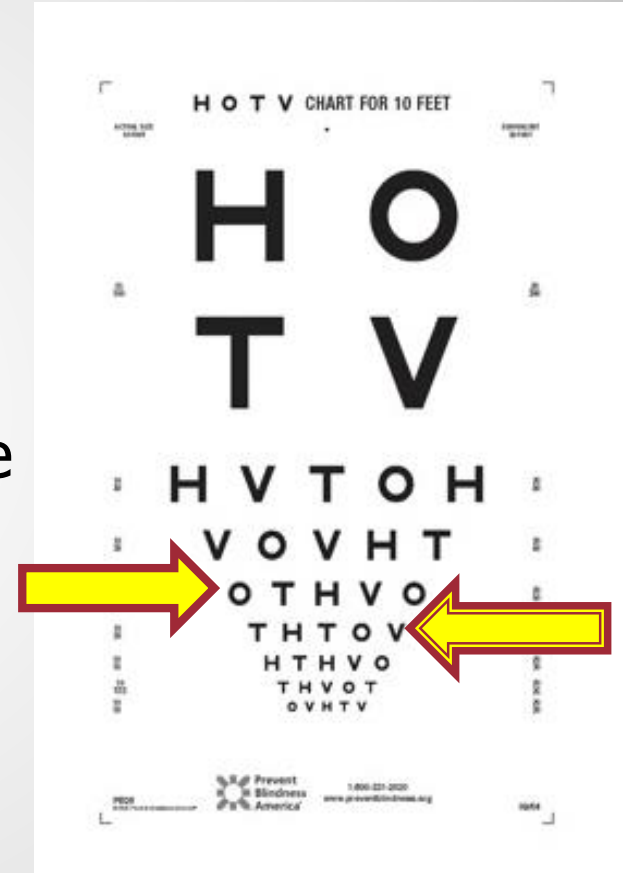
\* If not using the Lions Club

- Use index cards as occluders (not hands)
- Cut a curved edge on index cards, so as not to poke students in the eye!
- Make sure both eyes are open to prevent squinting
- Minimize cross-contamination (use a fresh index card for each student, then discard the card.)



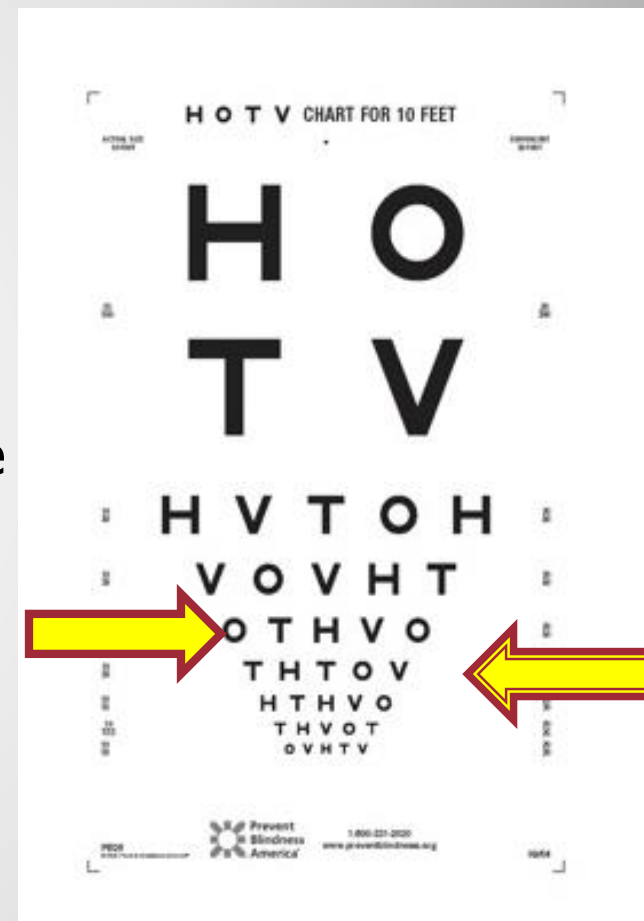
# HOTV Testing (If not using the Lions Club)

- Confirm student's age/grade level, to determine particular chart and which criteria/line to use
- **Use 20/40** line – K & 1st Grade
- **Use 20/30** line – 2<sup>nd</sup> thru 12<sup>th</sup> Grades



# HOTV Testing, continued.... ( If not using the Lions Club)

- The adult points to each letter in the row.
- Child then points to matching stimulus card (or simply says the name of the letter)
  - Be careful not to block the student's view of the letter as you point
  - It's best to vary the order in which you point to the letters (ie: not always in order from left to right..)
- Student must identify **3 out of 5** letters on the line to pass
- Start with the right eye
- **Left eye and Right eye must both pass.**



# HOTV Testing, continued... (If not using the Lions Club)

- If student fails the screening, retest within 2 weeks
- If the student fails again, send letter **V1**
- If no response in 30 days from parents, send letter **V2**
- **ALL TESTING IS CONFIDENTIAL**



## **Lions Club SPOT Vision Screener**

- All Elementary Schools will be tested by volunteers from the Lions Club.
- School must still have someone trained on the HOTV charts and present at the screening for those children who are not able to be tested by the SPOT.
- School must have a couple staff members to organize the students flow during the Lion's screening. They have a limited time at each school.



## **Lions Club SPOT Vision Screener**

Lions Club will contact each elementary school. If you are not contacted, please email

**[Bobbie.Ealy@CobbK12.org](mailto:Bobbie.Ealy@CobbK12.org) for  
more information.**

# Screening Procedures

- If student initially fails the screening, retest within 2 weeks (unless tested using the SPOT Vision Screener)
- Fails a 2<sup>nd</sup> time with HOTV, parents notified with letter V-1
  - Parents can:
    - Take child for eye exam w/doctor of their choice
    - Take child for **professional re-screening** with Dr. Horak

***PARENTS ARE RESPONSIBLE FOR COSTS OF FULL EYE EXAM, TREATMENTS, GLASSES, ETC.***

# V-2 Form

(available in your  
Vision Screening  
Manual)

Used to notify  
parents if child  
has failed  
school vision  
screening two  
times

ATTACH YOUR SCHOOL LETTERHEAD HERE BEFORE PHOTO-COPYING

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Parents:

This letter is to inform you about the VISION SCREENING PROGRAM conducted for our students. The school screening is not a substitute for a complete vision examination, but rather a way to identify students with a visual problem who are in need of further care. Your child was not able to pass the mass vision screening conducted at school. Failing the screening does not necessarily indicate that a problem exists, only that your child was not able to pass this particular screening.

**We recommend that your child receive a complete vision examination by an eye doctor. Please take this form with you to your eye doctor when you have your child's eyes examined.**

If you wish to verify the need for an eye examination, the district will provide a professional re-screening to you at no charge. This is a more thorough screening, performed by an eye doctor, but is not a full eye exam.

To schedule a professional screening, you may contact:

|  |   |  |
|--|---|--|
| Dr. Ivo Horak, OD,<br>Eyes R Us Family Optical,<br>735 Windy Hill Road, Smyrna, GA 30080<br>(770) 436-9123<br><br>Dr. Horak accepts Medicaid and most other<br>vision and health plans, and is fluent in<br>Spanish. | Dr. Janelle Davison, OD<br>Brilliant Eyes Vision Center<br>1690 Powder4 Springs Rd., Ste. 101<br>Marietta, GA 30064<br>(770) 428-0414 | Dr. Barry Schirack, OD<br>ProCare Eye Center<br>6572 Hwy. 92 Ste. 100<br>Acworth, GA 30102<br>(770) 924-3355 |
|--|---|--|

Please let the secretary at the eye doctor's office know that you would like to schedule a "Cobb County School Screening". This is not a complete eye examination, but rather a re-screening to determine if a complete eye exam is needed.

If a complete eye examination is recommended, you may schedule a time to have your child seen by Dr. Horak, Dr. Davison, or Dr. Schirack - or any eye doctor of your choice. The cost of the full eye examination, treatments, or recommendations is the responsibility of the parents. If you have health insurance, you may wish to check with your plan to see if they cover the cost of an eye exam and/or prescription eyewear.

A child should have an eye exam before kindergarten. If a child wears glasses or contacts an eye exam is recommended each year. A child without prescription eyewear should have an eye exam every other year. *The eye doctor will be able to see additional family members, by appointment.*

Thank you very much.

Student was tested with eye chart

☐ HOTV Chart ☐ LEA Symbols Chart

|          | Right Eye                     |                               | Left Eye                      |                               |
|----------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Distance | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Vision   |                               |                               |                               |                               |

Student was tested with Titmus machine:

|                      | Right Eye                     |                               | Left Eye                      |                               |
|----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Distance Vision Test | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

FOR DOCTOR'S USE: FINAL SCREENING RESULTS:

PARENTS: PLEASE DETACH THIS FORM AND RETURN IT TO YOUR CHILD'S TEACHER OR THE SCHOOL SECRETARY.

- My child had a re-screening with Dr. \_\_\_\_\_ on the following date: \_\_\_\_\_
- My child had an eye examination on the following date: \_\_\_\_\_  
Prescription glasses or contacts were recommended.  
No glasses or contacts were recommended.

CHILD'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_ WORK/CELL NUMBER: \_\_\_\_\_

(V-1)

## V-3 Form

(available in your  
Vision Screening  
Manual)

Used to  
contact parents  
if no reply  
received after  
30 days of  
sending V-1  
Form

### FOLLOW-UP VISION SCREENING LETTER V-2

ATTACH SCHOOL LETTERHEAD BEFORE PHOTO-COPYING

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

Dear Parent:

We recently sent you a letter indicating that your child was unable to pass the school vision screening and that either a full eye examination or a more thorough refractive screening was recommended. In order to measure the effectiveness of our vision screening program, we are asking you to CHECK ALL THE APPROPRIATE BOXES BELOW and RETURN THIS FORM TO THE SCHOOL, either by sending it to your child's teacher, or by mailing it to the school secretary at the above address.

☐ My child had an eye exam on the following date \_\_\_\_\_.

☐ No glasses were recommended.

☐ Prescription glasses or contact lenses were prescribed.

☐ My child had an eye exam within the last six months and no vision problems were found, therefore I did not take my child for another eye exam.

☐ I cannot afford an eye exam for my child, please call me so that other arrangements can be made.

☐ My child had a further screening with one of the optometric consultants for Cobb County School District. Name of optometrist: \_\_\_\_\_

☐ My child passed the screening and no further examination was necessary.

☐ My child was unable to pass the screening and a full eye exam was recommended.

PARENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Thank you for your assistance,

Sincerely, \_\_\_\_\_  
Examiner's Signature

NOTE: If you wish to verify the need for an eye examination, we provide this service to you at no charge. You may contact CCSD's Vision Consultant, Dr. Ivo Horak, OD, Eyes R Us Family Optical, 735 Windy Hill Road, Smyrna, GA 30080 (see map at right). Call (770) 436-9123 for an appointment. Please let the secretary know that you would like to schedule a "Cobb County School Screening". This is not a complete eye examination, but rather a re-screening to determine if a complete eye exam is needed. If a complete eye examination is recommended, you may take your child to Dr. Horak, or an eye doctor of your choice. The cost of the eye examination, treatments or recommendations would be your responsibility. If you have health insurance, check with your plan to see if they cover the cost of an eye exam and/or prescription eyewear.

Dr. Horak does accept Medicaid and most other vision and health plans, and is fluent in Spanish.

# Screening Procedures / Special Circumstances

- General Education Students
  - Use standard screening/authorization procedures
- Special Education Students
  - If student has adequate comprehension but is unable to pass – follow standard screening procedures
  - If student does not comprehend the tasks of the screening process – try using LEA chart. Please contact Dr. Ealy if you need a LEA chart. ([Bobbie.Ealy@cobbk12.org](mailto:Bobbie.Ealy@cobbk12.org)) If still no results do not retest → send V1 and a blank copy of Georgia Eye Report to parents
- **Students with Vision Impairments:**
- **DO NOT SCREEN STUDENTS ALREADY IDENTIFIED / SERVED by VI PROGRAM**
  - Their vision needs are already documented
  - Vision cannot be corrected better than 20/70



## Eye Exam Resources

- Cobb County School System does not pay for eye examinations..... (though we do provide professional *re-screenings* for students who fail their school screening – at no charge to families.)

Resources that can help families with costs:

(Talk with your school's social worker to help access these resources.)

- Medicaid
- PeachCare
- Sight for Students (VSP Vouchers)
- Lions Club



THANK YOU SO MUCH  
for being part of the  
Vision Screening  
Program!

