NEW MEXICO VISION SCREENING TOOL
EARLY CHILDHOOD PROGRAMS
NEW MEXICO SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED (NMSBVI)

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"An accurate understanding of the status of a child's vision and hearing is necessary when determining his/her developmental status. Vision and hearing are integral to overall development. This provides information that assists in the assessment of a child's developmental abilities in areas such as communication, cognition, gross/fine motor, social or emotional, and adaptive behavior. Further, vision and hearing screening help early intervention personnel and parents identify which children need additional assessment by professionals who specialize in these areas of development". NM Family Infant Toddler Program, Technical Assistance Document, Evaluation and Assessment, February 2013.

The New Mexico FIT program and many other early childhood programs such as Early Head Start, Head Start, and home visitation require that children entering their programs receive a vision screening. The New Mexico Vision Screening Tool was designed to help programs have a consistent method of screening vision for children in New Mexico. The screening tool includes parent interview as it is important to ask parents if they have noticed any vision problems. However, the tool is designed to be completed by staff with parent interview.

1) Medical history is often related to vision problems and is included in the screening tool to help you think about medical history which might be related to vision issues. Exposures during pregnancy are included as certain exposures can also increase the possibility of vision problems. Family history is included because some vision issues in immediate family may be genetic.
2) Appearance of Eyes: sometimes visual problems can be noted by observation of the appearance of the eyes and this area indicates some of the observations that can be important.
3) Behaviors That Are Often Associated with Visual Impairment: Children often demonstrate behaviors which can indicate that they are having some difficulty with their vision. This checklist area is a reminder for the evaluator of some of these behaviors which can be related to vision problems.
4) Developmental Vision Screening: vision develops in a sequential, predictable sequence similar to other areas of development. This page is included to remind you of what typical visual skills you might expect for certain ages. Many of these items are related to your other developmental assessment tools.
5) The summary area of the vision screening tool is to discuss your observations about vision with the parent and to obtain permission to make a referral to NMSBVI for further vision assessment if needed.

Professional judgment within the child's team is a strong component of the decision-making process about whether to refer the child for further vision assessment. Because of the important role of vision in the early developmental sequence, NMSBVI would prefer "over" referrals to a "wait and see" approach. Please remember that if a family should decide that they do not want a referral, that the issue should be addressed again with the family at a future date for follow up.

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Referred to NMSBVI ☐ Yes ☐ No
Date:

(Adapted with permission from Baby Watch, Utah Early Intervention Program)
This screening does not equate with an assessment by a medical professional.

Child's Name _____ **DOB** _____

Parent's Name _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip** _____

Name (person doing screening) _____ **Referring Agency** _____

Contact Person _____ **Phone** _____

PARENT INTERVIEW

Results of parent interview; describe any concerns: _____

_____

_____

I. HISTORY: (Check all that apply) ☐ No Concerns ☐ Unknown

A. Child's History

☐ Low birth weight < 3.5 lbs.	☐ Hydrocephaly/microcephaly	☐ PVL (periventricular leukomalacia)	
☐ Prematurity w/oxygen < 32 wks	☐ Syndrome _____.	☐ Non-accidental trauma (NAT)	
☐ Small for gestational age	☐ Cerebral hemorrhage	☐ Significant illness:	
☐ Meningitis/encephalitis	☐ Hypoxia, anoxia, low apgars	☐ Hearing loss	☐ Medications:
☐ Head trauma/tumor	☐ Neurological disorder	☐ Sepsis	☐ Seizures
☐ Retinopathy of prematurity (ROP)	☐ Intraventricular hemorrhage (IVH)	☐ Vacuum Extraction	☐ Cerebral Palsy

B. Exposures during pregnancy

☐ Rubella	☐ Toxoplasmosis	☐ Cytomegalovirus (CMV)	☐ Significant Illnesses:
☐ Herpes	☐ Alcohol / drugs	☐ Medication(s):	

C. Immediate family history of childhood vision loss

☐ Strabismus/Amblyopia	☐ Retinal dystrophy / degeneration	☐ Systemic syndromes w/ ocular manifestations
☐ Congenital Cataracts	☐ Glasses in early childhood	☐ Retinoblastoma
☐ Congenital Glaucoma	☐ Sickle cell disease	☐ Other:

II. APPEARANCE OF THE EYE(S): (Check all that apply) ☐ No Concerns

☐ Cloudy or milky appearance	☐ Abnormal constriction or dilation of pupil (s)
☐ Irregular pupil shape	☐ Difference between eyes (size, shape, etc.)
☐ Sustained eye turn inward or outward? (after 4-6 months)	☐ Excessive tearing
☐ Droopy eyelids	☐ Jerky eye movements (nystagmus)
☐ Absence of eyes moving together	☐ Uneven or white reflection vs even red reflex

III. BEHAVIORS THAT ARE OFTEN ASSOCIATED WITH VISUAL IMPAIRMENT: ☐ No Concerns

☐ Tilt or hold head in unusual position?	☐ Visually inattentive/uninterested?
☐ Hold objects close to eyes or bend close to look?	☐ Inconsistent visual behavior?
☐ Seem to look beside, under, or above an object or person?	☐ High sensitivity to room light or sunlight?
☐ Stare at lights, ceiling fans? (after 3 months of age)	☐ Difficulty sustaining eye contact?

IV. DEVELOPMENTAL VISION SCREENING (check each item observed)

Yes	No	BIRTH:
☐	☐	Responds to movement or light with a blink reflex
☐	☐	Pupil responds to light on/off
☐	☐	Makes momentary eye contact
Comments		

Yes	No	BY 1 MONTH:
☐	☐	Turns head & eyes to light source
☐	☐	Regards face
☐	☐	Follows movement horizontally (either side of midline)
☐	☐	Observes movement in room
Comments		

Yes	No	BY 2 MONTHS:
☐	☐	Turns head to objects/lights on either side
☐	☐	Stares at objects or people
☐	☐	Smiles reflexively
☐	☐	Establishes eye contact
Comments		

Yes	No	BY 3 MONTHS:
☐	☐	Follows object (tracks) 180 degrees
☐	☐	Regards own hands
☐	☐	Follows movement of people & objects
☐	☐	Watches speaker's eyes & mouth
Comments		

Yes	No	BY 4 MONTHS:
☐	☐	Glances from one object to another
☐	☐	Uses vision to reach towards 1" object at 12"
☐	☐	Looks at 4" – 6" object at 3 feet
☐	☐	Searches with eyes for sound
☐	☐	Responds with smile when socially approached
Comments		

Yes	No	BY 6 MONTHS:
☐	☐	Watches rolling tennis ball at 10 feet
☐	☐	Uses vision to reach directly to object ☐ Over reaches ☐ Under reaches
☐	☐	Uses eyes together
☐	☐	Localizes sound with eyes
Comments		

Yes	No	BY 9 MONTHS:
☐	☐	Looks for fallen toy
☐	☐	Eyes converge on moving toy to within 4" of face
☐	☐	Watches activity of adults 15 – 20 feet
☐	☐	Smiles at mirror image
☐	☐	Waves bye-bye
Comments		

Yes	No	BY 12 MONTHS:
☐	☐	Recognizes familiar object (bottle, toy) at 8-10'
☐	☐	Looks at pictures in a book
☐	☐	Looks at/picks up small object (raisin, cereal)
☐	☐	Reacts to facial expressions
☐	☐	Puts objects in container
Comments		

Yes	No	BY 18 MONTHS:
☐	☐	Builds tower using 3 cubes
☐	☐	Looks at/points to pictures named
☐	☐	Attends to 2" – 3" stationary object at 10 feet
☐	☐	Scribbles on paper
☐	☐	Walks confidently in familiar environments
Comments		

Yes	No	BY 24 MONTHS:
☐	☐	Imitates facial and hand movements
☐	☐	Walks confidently in unfamiliar or varying surfaces
☐	☐	Visually locates identical objects/begins matching
☐	☐	Recognizes self in photo/mirror
☐	☐	Rights book from upside down
Comments		

Yes	No	BY 30 TO 36 MONTHS:
☐	☐	Stacks rings on ring stack in correct order
☐	☐	Completes a 3-4 piece puzzle
☐	☐	Catches a large ball
☐	☐	Imitates actions (finger plays)
☐	☐	Copies vertical & horizontal lines, circle, cross
☐	☐	Points out pictures in book upon request
Comments		

SUMMARY OF VISUAL CONCERNS:

_____

_____

_____

_____

SUMMARY

☐ We have no concerns regarding this child's vision at this time; based on parent interview, child/family medical history and developmental screening.

☐ We have identified risk factors or observations, as noted in the vision screening tool. Referral for consultation with NMSBVI:

Yes _____ No _____

Caregiver Signature: _____

Date: _____

REFERRAL INFORMATION

New Mexico School for the Blind and Visually Impaired (NMSBVI) Infant Toddler Program

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