**NEW MEXICO VISION SCREENING TOOL**

**FAMILY INFANT TODDLER PROGRAM**

**NEW MEXICO SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED (NMSBVI)**

**505-271-3066**

**Fax: 505-291-5456**

*“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 requires that every child entering the Family Infant Toddler Program 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.

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. With the exception of the “Birth” category, the items match the IDA Record (Infant-Toddler Developmental Assessment), 1995, which the State of New Mexico Family Infant Toddler Program has chosen for their state-wide developmental assessment to establish eligibility for Early Intervention Services.
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 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.

|  |
| --- |
| Referred to NMSBVI [ ]  Yes [ ]  No |
| Receiving Services from NMSBVI [ ]  Yes [ ]  No |
| Date |

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FAMILY INFANT TODDLER PROGRAM

(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 < 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 |  |

**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)

**Items match the IDA Developmental Profile Used by the New Mexico Infant Toddler Program (Except for the Birth Items)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 1-2 MONTHS:** |
| [ ]  | [ ]  | Looks at object, follows visually |
| [ ]  | [ ]  | Looks at adult; responds to voice |
| [ ]  | [ ]  | Follows person with eyes |
| [ ]  | [ ]  | Observes movement in room |
| Comments |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 2-4 MONTHS:** |
| [ ]  | [ ]  | Holds and looks at rattle |
| [ ]  | [ ]  | Social smile |
| [ ]  | [ ]  | Shows interest by reaching |
| [ ]  | [ ]  | Scans visual environment or turns away |
| Comments |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 4-7 MONTHS:** |
| [ ]  | [ ]  | Reaches and grasps for toys |
| [ ]  | [ ]  | Retrieves lost pacifier or bottle |
| [ ]  | [ ]  | Initiates social contact |
| [ ]  | [ ]  | Facial mimic |
| [ ]  | [ ]  | Creates social contact (reaches) |
| Comments |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
| **Yes** | **No** | **BY 7-10 MONTHS:** |
| [ ]  | [ ]  | Works to obtain out of reach toy |
| [ ]  | [ ]  | Uncovers toy |
| [ ]  | [ ]  | Matches cubes |
| [ ]  | [ ]  | Reacts to strangers |
| [ ]  | [ ]  | Shows distinct stranger reaction |
| [ ]  | [ ]  | Plays peek-a-boo, pat-a-cake, so-big |
| Comments |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 10-13 MONTHS:** |
| [ ]  | [ ]  | Tries to build a cube tower |
| [ ]  | [ ]  | Imitates scribble |
| [ ]  | [ ]  | Explores toys |
| [ ]  | [ ]  | Puts one object inside another |
| [ ]  | [ ]  | Finds toy behind solid screen |
| [ ]  | [ ]  | Uses object in imitation of an adult |
| [ ]  | [ ]  | Hands toy or other object back and forth |
| [ ]  | [ ]  | Rolls ball to another |
| [ ]  | [ ]  | Imitates actions |
| [ ]   | [ ]  | Uses locomotion to seek or avoid |
| Comments  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 13-18 MONTHS:** |
| [ ]  | [ ]  | Walks well alone |
| [ ]  | [ ]  | Places pellet in bottle |
| [ ]  | [ ]  | Builds tower of two cubes |
| [ ]   | [ ]  | Builds tower of 3-4 cubes |
| [ ]  | [ ]  | Finds toy under cup |
| [ ]  | [ ]  | Explores drawers and cabinets |
| [ ]  | [ ]  | Indicates needs by pointing |
| [ ]  | [ ]  | Identifies one body part |
| [ ]  | [ ]  | Plays “Where is your eye?” etc. |
| [ ]  | [ ]  | Looks for hidden objects |
| [ ]  | [ ]  | Begins to detour around obstacles |
| [ ]  | [ ]  | Points or asks for desired object |
| Comments |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 18-24 MONTHS** |
| [ ]  | [ ]  | Walks upstairs, holding rail |
| [ ]  | [ ]  | Kicks large ball after demonstration |
| [ ]  | [ ]  | Runs well |
| [ ]  | [ ]  | Dumps pellets |
| [ ]  | [ ]  | Builds tower of 5 or 6 cubes |
| [ ]  | [ ]  | Places forms in formboard with help |
| [ ]  | [ ]  | Names one picture |
| [ ]  | [ ]  | Identifies 5 objects or pictures |
| [ ]  | [ ]  | Feeds self well with spoon |
| [ ]  | [ ]  | Imitates adult activities (use of tools, housekeeping, etc.) |
| Comments |  |
|  |  |
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|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 24-30 MONTHS:** |
| [ ]  | [ ]  | Walks upstairs, alternating feet |
| [ ]  | [ ]  | Builds tower of 9 cubes |
| [ ]  | [ ]  | Imitates vertical and horizontal strokes |
| [ ]  | [ ]  | Knows use of 3 objects |
| [ ]  | [ ]  | Uses objects in play to represent others |
| [ ]  | [ ]  | Places forms in formboard without help |
| [ ]  | [ ]  | Names 5 objects or pictures |
| [ ]  | [ ]  | Identifies 7 pictures |
| Comments |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 30-36 MONTHS:** |
| [ ]  | [ ]  | Strings small beads |
| [ ]  | [ ]  | Builds 3-cube structure |
| [ ]  | [ ]  | Imitates cross |
| [ ]  | [ ]  | Imitates 3-cube structure |
| [ ]  | [ ]  | Builds tower of 10 cubes |
| [ ]  | [ ]  | Copies circle |
| [ ]  | [ ]  | Solves formboard (rotates) |
| Comments |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **BY 36-42 MONTHS:** |
| [ ]  | [ ]  | Cuts paper with scissors |
| [ ]  | [ ]  | Builds 3 cube structure from model |
| [ ]  | [ ]  | Names 10 pictures |
| 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 \_\_\_\_\_\_\_\_\_

If yes, please complete separate release of information form.

|  |  |
| --- | --- |
| Caregiver Signature: |  |

|  |  |
| --- | --- |
| Date:  |  |

**RESUME**

🞎 A este tiempo no tenemos preocupaciones con respecto a la visión de su niño o niña; basado en la entrevista de padre; historia medica de niño o niña/familia y el examen del desarrollo.

🞎 Hemos identificado factores de riesgos u observaciones, como se a indicado en la herramienta del examen visual. Recomendación para una consulta con NMSBVI:

Si \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

En caso afirmativo, por favor de completar el formulario de información.

|  |  |
| --- | --- |
| Firma de cuidador: |  |

|  |  |
| --- | --- |
| Fecha:  |  |

**REFERRAL INFORMATION**

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

**Phone:** 505-271-3066

**Fax:** 505-291-5456

Screening Tool adapted with permission from Baby Watch, Utah Early Intervention Program, by New Mexico School for the Blind and Visually Impaired Infant Toddler Program