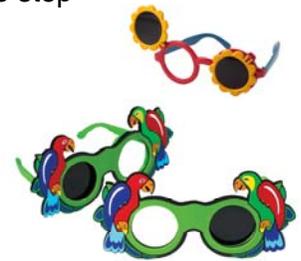


## 8 Vision Screening Tips

1. If you screen children with LEA Symbols, familiarize children with the symbols prior to vision screening day. For example, introduce the LEA Symbols 3-D Puzzle in circle time or for play at the manipulatives table.
2. Say you are going to play a game. Do not say, "I am going to *test* your eyes." This could frighten the child.
3. Naming optotypes is a fast way of testing but requires a linguistic ability that we are not measuring. If you use naming, let the child choose the names for the optotypes. Accept the name the child suggests. It is a major error to suggest abstract names "circle" and "square" because they are not concepts of young children and may frighten the child so that answering stops. Matching is the best way of measuring just recognition. If you are screening children with disabilities or very young children and the child has difficulties with pointing or eye movements, see information on "Special use of the Puzzle board" at <http://lea-test.fi/en/vistests/instruct/lea3dpuz/lea3dpuz.html>
4. If a child will not name the optotypes and your eye chart includes response panels and individual flash cards, ask the child to play a matching game by pointing to the symbol on the response panel that matches the symbol on your chart. Another option is to place the individual flash cards on the floor in front of the child and ask the child to step on the symbol that matches the symbol on your eye chart.
5. Refrain from giving young children responsibility for their own occlusion. Children are likely to peek, especially if one eye has amblyopia or blurred vision. Occluder glasses will increase testability in children who do not want to participate in vision screening.
6. If a child strongly resists occluding one eye and does NOT resist occluding the other eye, the first eye may be preferred for vision and the second eye *may* have amblyopia. Try screening first with the second eye and then return to the first eye. If the child still resists, refer for a comprehensive, confirmatory eye exam.
7. If you must direct a child's attention to optotypes, briefly use your finger or a pen to point above or below each symbol, but not directly on the symbol. Refrain from displaying one optotype at a time. Both can interfere with screening and result in an overestimation or underestimation of visual acuity.
8. For untestable children, rescreen or refer for a comprehensive eye exam. Research from the Vision in Preschoolers Study suggests that untestable children are more likely to have vision disorders than children who passed vision screening. If you rescreen, the American Academy of Pediatrics suggests 4 to 6 mo. for children aged 3 and 1 mo. for children aged 4 and older.



Maguire, MG. Children unable to perform screening tests in vision in preschoolers study: Proportion with ocular conditions and impact on measures of test accuracy. *Invest Ophthalmol Vis Sci*, 2007;48(1);83-87.

For questions about preschool vision screening or the materials and methods you use, call P. Kay Nottingham Chaplin, EdD, Director, Early Vision Screening Initiatives, Good-Lite, at 304-216-2035 or e-mail at [kay@good-lite.com](mailto:kay@good-lite.com)