

Aiken County Public Schools  
Department of Special Programs

## FUNCTIONAL VISION SCREENING RESULTS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Administered by: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL OBSERVATIONS (“Yes” for any of the statements below indicates that a referral is needed.)

### Appearance

Yes	No	Description
		Eyes are crossed, turn in or out, or move independently of one another (all of the time, some of the time, or when the child is tired).
		Eyes are frequently red, watery, or crusted.
		Eye lids droop to cover pupils.
		Eyes shake or move constantly.
		Pupils of markedly different sizes.
		One or both of the child’s pupils are unusually shaped.
		One or both of the child’s pupils look white or cloudy.
		Pupils that are red or violet.

### Function (Information may be gathered from parent/caregiver and/or observation.)

Yes	No	Description
		Prefers one eye over the other.
		Tilts or turns head to use one eye.
		Holds objects unusually close or far when looking at them.
		Frequently trips or runs into things.
		Stands unusually close to the television.
		Avoids visual concentration.
		Cries or otherwise indicates pain in bright-light situations such as sunlight.

### FUNCTIONAL SCREENING

1. Pupillary Reaction	Pass	Refer
2. Blinks Reflex	Pass	Refer
3. Visual Field Test	Pass	Refer
4. Tracking		
Horizontally	Pass	Refer
Vertically	Pass	Refer
5. Corneal Light Reflex	Pass	Refer
6. Fixation	Pass	Refer
7. Convergence	Pass	Refer
8. Picks up or tracks	Pass	Refer

Comments:

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