Iowa Educational Services for the Blind and Visually Impaired

Address
3501 Harry Langdon Boulevard
Council Bluffs, Iowa 51503

Phone (712) 309-0678
Fax (712) 309-0601
Web iowa-braille.k12.ia.us

Vision Checklist

Infants and Toddlers
Birth to 3 years of age

Today's Date:	
Name of Child:	Date of Birth:
Person Reporting:	Relationship to Child:
Why are you (reporter) concerned about the child's vision?	

Check Yes or No		
Yes	No	
☐	☐	Does the child wear glasses?
☐	☐	Does the child have vison loss in only one eye?
☐	☐	Does the family express concerns about the child's vision? If yes, please explain.

Behaviors that May Indicate a Vision Problem: These are known ways that young children behave when they are experiencing some difficulty using his/her vision. Check all that apply.	
☐	Rubs eyes very frequently.
☐	Blinks excessively or rarely blinks
☐	Consistently over or under reaches (> 6 months)
☐	Tilts or turns head to one side when looking at objects (> 6 months)
☐	Squints, frowns, or scowls when looking at objects (> 6 months)
☐	Does not appear interested in looking at toys or faces (> 6 months)
☐	Cannot find a dropped toy (> 6 months) Eyes make constant, quick movements or appear to have a shaking movement. (This is called mystagmus)
☐	Does not respond to toys presented visually, but is responsive to toys with sounds (6 – 12 months)
☐	Places an object within a few inches of the eyes to look (> 12 months)
☐	Brings objects up to one eye rather than using both eyes to view
☐	Covers or closes one eye frequently
☐	Does not notice people or object when placed in certain areas
☐	Eye poking, rocking or staring at bright lights frequently

Family History: These are family medical history details that have a high incidence of vision loss in infants and toddlers. Refer to ophthalmologist if any positive for first or second degree relative. Check all that apply.	
☐	Needed glasses or eye patch when very young
☐	Amblyopia (one eye has very poor vision compared to the other)
☐	Congenital/infantile glaucoma
☐	Congenital/juvenile cataract
☐	Marfan syndrome
☐	Neurofibromatosis
☐	Retinitis Pigmentosa
☐	Retinoblastoma

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☐	Albinism (lack of pigment)
☐	Aniridia (apparent lack of iris)
☐	Any other severe eye problem or disorder that may be associated with significant eye problems If checked, explain

Past Medical History of Child: These are medical history details that have a high incidence of vision loss in infants and toddlers. Check all that apply	
☐	Exposed to substances (alcohol, tobacco, or other drugs) during pregnancy
☐	Exposed to infections (herpes, rubella, CMV, toxoplasmosis, syphilis) during pregnancy Head trauma, seizure disorder, or neurological issues
☐	Ever needed glass or eye patch
☐	Had an eye injury
☐	Had meningitis, encephalitis, hydrocephalus, or significant head injury
☐	Has neurologic disorder such as seizures without fever, delayed development, other
☐	Has familial or genetic disorder

Appearance of the Eyes that May Indicate Vision Problem. Check all that apply.	
☐	Eyes red, swollen, watery or mattered (if symptoms are recent, refer to primary care provider)
☐	Sores or ulcerations next to eyes
☐	Red patch/blushing over face, including eye
☐	Droopy eyelids
☐	Mass on eyelid
☐	Inverted eyelid causing eyelashes to rub against eye
☐	Eyes in constant motion
☐	Eyes with different pupil sizes or odd shaped pupils
☐	White pupil or pupils different color
☐	Cloudy or enlarged eye
☐	Eyes appear to cross or turn outward, upward, or downward (> 6 months)
☐	Eyes appear unusual in a way not described above

Name of person completing and/or reviewing this form with parent/caregiver	Date: