

SCHOOL VISION EVALUATION Report Form

A *School Vision Evaluation* is required for all children within six months prior to entering Nebraska schools for the first time (includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska) [Nebraska Revised Statute 79-214]

Name: _____ Date of Birth: _____

School: _____ Date: _____

Student Status (check one): Beginner Grade Transfer Student from Out of State

Recommend			
REQUIRED TESTS*	Pass	Fail	Further
Evaluation			(comments)
<i>noted below</i> Amblyopia _____	_____	_____	
Strabismus _____	_____	_____	
Internal Eye Health _____	_____	_____	
External Eye Health _____	_____	_____	
Visual Acuity			
aided/unaided	Right eye @ distance (20 ft):	20/ _____	
aided/unaided	Left eye @ distance (20 ft):	20/ _____	
aided/unaided	Right eye @ near (16 in.):	20/ _____	
aided/unaided	Left eye @ near (16 in.):	20/ _____	

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.*

Recommend			
ADDITIONAL TESTS	Pass	Fail	Further
Evaluation			
Eye Alignment at Distance	_____	_____	

Eye Alignment at Near	_____	_____
Depth Perception	_____	_____
Color Vision	_____	_____
Focusing Amount	_____	_____
Focusing Flexibility	_____	_____
Focusing Lag (Accuracy)	_____	_____
Convergence (Crossing) Ability	_____	_____
Saccade (Rapid) Eye Movement	_____	_____
Pursuit (Tracking) Eye Movement	_____	_____
Other: _____	_____	_____

COMMENTS/RECOMMENDATIONS:

Evaluation performed by: _____ Date: _____

(signature)

_____ O.D. _____ M.D. _____ P.A. _____ A.P.R.N.

Original—Doctor Copy #1—Parent Copy #2—School Nurse Copy #3—Placed in
 student's permanent file

Nebraska Foundation for Children's Vision (www.NEchildrensvision.org)

I refuse the vision evaluation for _____
 Child's Name

 Parent's Signature

 Date