

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

REQUIRED TESTS*	Pass	Fail	Recommended Further Evaluation (comments noted below)
Amblyopia	___	___	___
Strabismus	___	___	___
Internal Eye Health	___	___	___
External Eye Health	___	___	___
Visual Acuity	___	___	___
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/___ aided/unaided

*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.

ADDITIONAL TESTS	Pass	Fail	Recommended Further Evaluation	Did Not test
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: _____ ___OD___MD___PA___APRN
 OFFICE PHONE NUMBER: () _____ DATE: _____