

# Vision symptoms questionnaire

Utah Department of Health & Human Services in accordance with UCA [53G-9-404](#) and [R384-201](#)

Teachers are required to complete this form if a student in grades 1-3 does not meet the benchmark on the reading assessment or if the student is being referred or re-evaluated for special education (SPED) for a suspected disability affected by a vision difficulty. Parents and teachers may also complete this form if they have concerns about the student's vision. Once completed, please submit the form to the school nurse or designated vision point person for a Tier 2 evaluation and a potential referral to an eye care professional.

<b>Student name:</b>	<b>Referral date:</b>		
<b>School:</b>	<b>Grade:</b>		
<b>Teacher:</b>			
<b>Name and title of person completing the form:</b>			
<b>Does student wear glasses?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
Reason for form completion:			
<input type="checkbox"/> Failure to achieve benchmark (grades 1-3, teacher should complete form)			
<input type="checkbox"/> Special education referral or re-evaluation (any grade, teacher should complete form)			
<input type="checkbox"/> Teacher concern (any grade, teacher should complete form)			
<input type="checkbox"/> Parent concern (any grade, parent should complete form)			
<b>If answer is 'yes' to any areas below, please provide details in the comment section(s).</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. As a teacher or parent are you concerned with this student's vision?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Appearance symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
2. Tilts head, squints, closes or covers one eye when reading	<input type="checkbox"/>	<input type="checkbox"/>	
3. Gaze issues, eyes turn in or out, crossed eyes, eyes wander	<input type="checkbox"/>	<input type="checkbox"/>	
4. Different size pupils or eyes	<input type="checkbox"/>	<input type="checkbox"/>	
5. Watery eyes, eyes appear hazy or clouded	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Complaints (from the student) symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
6. Words float, move, or jump around when reading	<input type="checkbox"/>	<input type="checkbox"/>	
7. Complains of headaches, dizziness, or nausea when reading (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Complains of itching, burning, or scratchy eyes (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Complains of blurred or double vision, unusual sensitivity to light, or difficulty seeing (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	
10. History of head injury with vision complaints	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behavior symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
11. Loses place when reading	<input type="checkbox"/>	<input type="checkbox"/>	
12. Skips over or leaves out small words when reading	<input type="checkbox"/>	<input type="checkbox"/>	
13. Writes uphill or downhill; difficulty writing in a straight line	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has difficulty copying from the board	<input type="checkbox"/>	<input type="checkbox"/>	
15. Avoids near work, such as reading or writing	<input type="checkbox"/>	<input type="checkbox"/>	
16. Has difficulty lining up numbers when doing math	<input type="checkbox"/>	<input type="checkbox"/>	
17. Holds books too close; leans too close to a computer screen	<input type="checkbox"/>	<input type="checkbox"/>	
18. Clumsy; bumps into things; knocks things over	<input type="checkbox"/>	<input type="checkbox"/>	
19. Other vision concerns:			

### For school nurse use only:

Any parent or teacher concern or any 'yes' answers should be evaluated by the school nurse to determine if tier 2 screening or referral to an eye care professional is necessary.

**School nurse should use their professional nursing judgement in determining whether the student receives a tier 2 vision screening or is referred to an eye care professional, regardless of the answers.**

Distance vision screened: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (refer)	Near vision screened: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (refer)
Eye focusing or tracking screened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Fail (refer)	Convergence screened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Fail (refer)
Referred to eye care professional: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Notes:	
School nurse name:	
School nurse signature:	Date:

### For schools without a school nurse or other approved tier 2 vision screener:

Schools without a school nurse should have a *designated vision point-person* (DVPP) responsible for referring any vision concerns. **This person should not perform a tier 2 vision screening**, but instead should refer any vision concerns to an eye care professional for a complete eye exam. The DVPP should evaluate any vision symptoms questionnaires and follow the instructions below. This person is also responsible for filing the required vision screening annual report to Utah Department of Health and Human Services by June 30th each year.

On any question 1-19	If all answers are 'no'	No referral is necessary
On questions 1-10	If one or more answers are 'yes'	Refer to eye care professional
On questions 11-19	If two or more answers are 'yes'	Refer to eye care professional
Distance vision screened: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (refer)	Referred to eye care professional: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Notes:		
Designated vision point-person name:		
Signature:	Date:	

### Special education referral or re-evaluation:

To evaluate eligibility, the student must be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

To determine if the primary disability is classified as an *emotional-behavioral disability*, *multiple disabilities*, or *specific learning disabilities*, it is essential to rule out vision issues. This can be done by completing a vision symptoms questionnaire and, based on the results, conducting a tier 1 or tier 2 vision screening or making an automatic referral.

[USBE Special Education Rules \(2023\)](#) Evaluation procedures (34 CFR § 300.304)