



Utah school vision screening policy

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The Vision Screening Protocol and Procedures can be found online at:

<https://heal.utah.gov/schools/school-nursing/screenings/>

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Introduction

Utah state law (UCA 53G-9-404) mandates child vision screening in schools. School vision screening programs are cost-effective and identify serious vision problems early. Early vision interventions improve children's physical, intellectual, social, and emotional development.

To ensure that school vision screenings are reliable, valid, and consistent, the Utah Department of Health and Human Services (DHHS) created a vision screening policy task force to create vision screening guidelines.

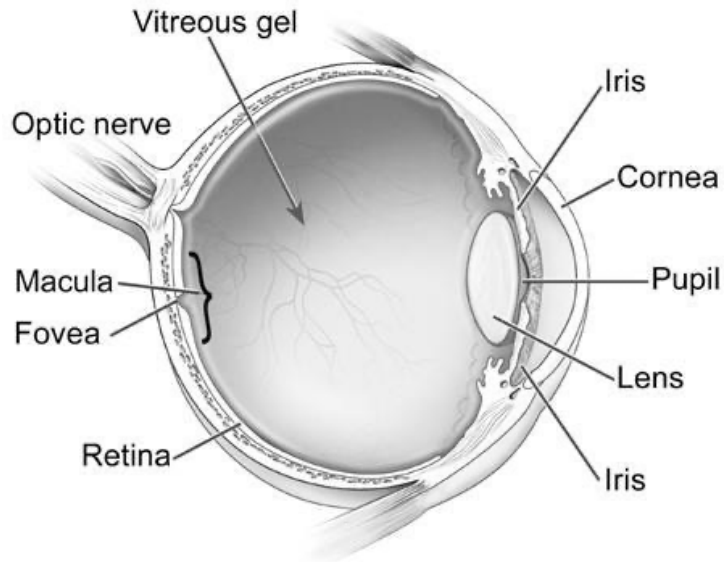
When vision screenings are managed by school nurses and performed by properly trained school staff, they are often the first identifier for potential vision problems. When vision problems are not identified and corrected early, they can become more serious and sometimes lead to permanent vision loss or impairment.

Please note that while vision screening is crucial for identifying vision problems, it is important to teach parents that vision screenings are not substitutes for complete eye exams by eye care professionals.

Vision basics

Eyes receive messages from the outside world and transmit them to the brain. The brain interprets these messages into images.

The eye has several different parts with different jobs. Some parts of the eye protect the eye from injuries, while others provide moisture and nutrients to the eye or send the messages from the outside world to the brain. Defects in any part of the eye may cause vision problems.



An illustration of the eye and its parts.

Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).

Common vision problems

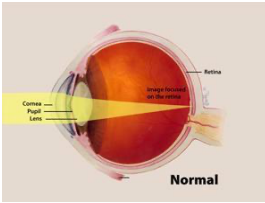
Vision screenings are intended to detect current or potential vision problems and refer the student to an eye care professional for examination and treatment. This section outlines some common problems found during vision screenings.

Refractive errors

Normally, when the eye sees images, the images are focused on the eye's retina. When images are not focused on the retina, it causes blurred vision. These are called refractive errors and are often caused by differences in the shape of the cornea or eye. Refractive errors can occur in one eye individually, in both eyes equally, or in both eyes to different degrees. The following are common refractive errors:

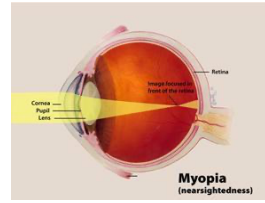
Myopia - Nearsightedness

Myopia causes distant objects to appear blurry because images focus in front of the retina. It is also known as nearsightedness.



An illustration showing how images focus in an eye without myopia.

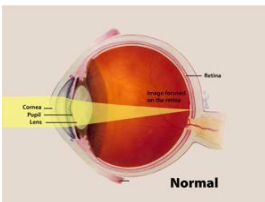
Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).



An illustration showing how images focus in an eye with myopia.

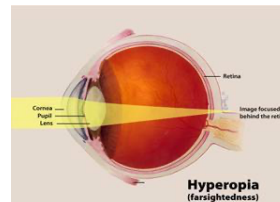
Hyperopia - Farsightedness

Hyperopia causes near objects to appear blurry because images focus behind the retina. It is also known as farsightedness.



An illustration showing how images focus in an eye without myopia.

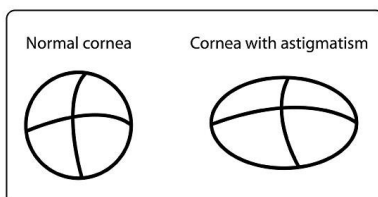
Illustrations courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).



An illustration showing how images focus in an eye with myopia.

Astigmatism

Astigmatism occurs when the eye's cornea or lens is shaped differently, causing both near and far objects to appear blurry. Normal corneas are round while corneas with astigmatism are elliptical.



An illustration showing the shape of a normal cornea compared to a cornea with astigmatism

Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).

Strabismus - Crossed eyes

Strabismus is caused by misalignment of the eyes. This prevents them from looking in the same direction. Most commonly, one eye will be directed inward or outward, but can also be directed up or down when compared to the other eye. It can be alternating or intermittent in either or both eyes. Strabismus is one of the primary causes of amblyopia, or lazy eye, and can cause permanent damage loss if it's not treated early.



Esotropia



Exotropia



Hypertropia

An illustration showing the variations of strabismus

Amblyopia - Lazy eye

Amblyopia is caused by abnormal visual development in childhood, leading to decreased vision in 1 or both eyes. If the visual development causes each eye to see a different image, then 1 eye often becomes stronger to avoid double vision and the weaker eye's vision will stop developing. Amblyopia can cause permanent vision loss if it's not treated early while the vision system is still developing.



An illustration showing the development of amblyopia

Illustrations Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH).

Amblyopia is more common in children with another vision condition, such as unequal refractive errors in each eye or strabismus.

Additionally, other health issues like cataracts or drooping eyelids can cause amblyopia because these conditions create differences in image quality between each eye.

Color vision deficiency

Color vision deficiency is caused by a defect in retinal cells called cones, which results in difficulty identifying certain colors. It is more common in boys than girls. It is important to identify color vision deficiency early and to share with teachers and parents. So much of preschool and primary grades' curricula are color-driven. Reading readiness develops and builds on a variety of cognitive skills from matching to recognition and recall, much of which is presented or enhanced using color. There is no correction for color vision deficiency defects, but school accommodations are available under section 504 of the 1973 Rehabilitation Act.

Convergence insufficiency

Convergence allows the eyes to work together when looking at nearby objects. Convergence insufficiency causes one eye to turn outward instead of inward with the other eye, which may cause double or blurred vision. This condition can cause reading difficulty.



A picture of a child with glasses smiling.

Vision problem symptoms

Many symptoms of vision problems can be confused with symptoms for other mental health conditions, such as attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD).

The following symptoms may be seen in the classroom.

Appearance

Teachers may notice the following symptoms when students have vision problems:

- Tilting head, squinting, and closing or covering one eye when reading.
- Crossed eyes.
- Eyes wandering.
- Differently sized pupils.
- Watery eyes.
- Hazy or cloudy eyes.

Complaints

Teachers may hear the following complaints from students with vision problems:

- When reading, words float, move, or jump around.
- Headache, dizziness, or nausea when reading.
- Itching, burning, or scratchy eyes.
- Blurred or double vision.
- Sensitivity to light.
- Tired eyes.

Behaviors

Teachers may notice the following behaviors from students with vision problems:

- Loses their place when reading.
- Uses a finger to keep their place when reading.
- Skips or leaves out words when reading aloud.
- Rereads or skips lines when reading aloud.
- Doesn't write in a straight line.
- Difficulty copying from the board.
- Difficulty focusing on near and far objects.
- Avoids doing nearsighted work, like reading or writing.
- Difficulty lining up numbers during math.
- Difficulty finishing assignments on time.
- Holds books close to their face.
- Leans close to computer screens.

- Frequently bumps into things or knocks things over.
- Reads slowly or word-by-word.
- Reads words aloud or lip reads.
- Reverses words or letters when reading.
- Rubs eyes or blinks after reading.
- Moves head forward or backward while looking at the board.
- Restless while sitting at their desk.
- Is frustrated or tense while doing nearsighted work, like reading or writing.

The Screening Process

Utah laws mandates vision screening in Utah public schools (53G-9-404). For vision screenings to be effective, they should be consistent and follow evidence-based practices. This section will discuss policies on consistent screening practices, vision screening trainings, and recommended screening tools.

Types of screenings

Tier-1 Screenings

All schools are required to provide tier-1 vision screenings for students unless the school is 100% online. Tier-1 screenings are lower-level screenings, such as basic distance vision screening. Approved tier-1 vision screeners can be school nurses, approved outside entities, trained school volunteers, or trained health care professionals who have completed the DHHS training module (B) for tier-1 vision screening volunteers. DHHS recommends that 100% online schools refer students to an eye care professional for a complete eye exam.

Vision screenings from outside entities

Only outside entities approved by DHHS may provide tier-1 vision screening services to schools. Outside entities **may not** provide tier-2 vision screening. Vision screenings completed by outside entities must be reported to the school for documentation in the students' records. While an outside entity may conduct the vision screening, the school

is still responsible for providing referrals and follow-up. Contact DHHS for a current list of approved outside entities.

Tier-2 screening

Tier-2 vision screenings are higher-level evaluations that include distance and near vision screening. It can include eye focusing and tracking, color deficiency, and convergence insufficiency screenings, but these are optional.

Only school nurses or health care professionals as defined in 53G-9-404 can be tier-2 vision screeners after they complete the required DHHS training. In lieu of performing a tier-2 vision screening, the school nurse may automatically refer the student to an eye care professional for a comprehensive eye exam. If the LEA does not have an approved tier 2-vision screener, the student should be automatically referred to an eye care professional for a comprehensive eye exam following the criteria on the symptoms questionnaire.

Vision symptoms questionnaire

If a student is referred for a special education evaluation/reevaluation of a specific learning disability, does not achieve benchmark on the benchmark reading assessment, or has other concerns regarding their vision, a symptoms questionnaire should be completed by the teacher and given to the school nurse, another approved tier-2 vision screener, or the designated vision point-person (DVPP) within 45 days of the benchmark assessment. The school nurse, other approved tier-2 vision screener, or DVPP then has 30 days to evaluate the symptoms questionnaire and make referrals based on the questionnaire's criteria.

Completion of the vision symptoms questionnaire is not optional and must be completed for all students being referred for special education evaluation or reevaluation of a specific learning disability, a student does not achieve benchmark on the benchmark reading assessment, or a teacher or parent has concerns regarding the student's vision.

Whether a tier 2 screening is completed is up to the school nurse based on their evaluation of the vision symptoms questionnaire. The school nurse evaluates the

responses and acts according to those responses which may indicate a need for a full or partial tier 2 screening, an automatic referral to an eye care professional, or no action.

Screening students with special needs

Some groups of students may not be able to complete a vision screening using the recommended charts due to age, immaturity, or physical/cognitive challenges. These students will need to use alternative vision screening methods, such as DHHS-approved vision screening instruments.

Staff and volunteers

Designated vision point person (DVPP)

Each school should have a staff member who manages the school vision screening program. This staff member is known as the DVPP. Ideally, the DVPP is a school nurse, as nurses have training and a specialized skill set to perform vision screenings and provide eye care referrals. However, some schools do not have a school nurse. In these cases, another staff member should be appointed as the DVPP.

The DVPP must complete DHHS training (A). Additionally, the DVPP is responsible for ensuring that all vision screening volunteers complete DHHS training (B), for documenting student screening results, and for providing referrals and follow-up to students who need additional eye care. Finally, the DVPP must complete the DHHS-required annual vision screening report by June 30th of each year.

Vision screening volunteers

Utah code 53G-9-404 states that vision screening volunteers must either be trained by the school nurse or complete the online training module (B) before vision screenings start.

Volunteers who assist with vision screening may not profit financially from volunteering, and may not market, advertise, or promote a business in connection with assisting in a vision screening.

Training

To conduct vision screenings, staff must complete DHHS vision screening trainings.

Trainings include the following:

- Training (A): Teaches school nurses or schools without a school nurse to plan and implement a tier-1 vision screening program.)
- Training (B): Teaches volunteers how to assist with a tier-1 school vision screening program.
- Training (C): Teaches about tier-2 vision screening programs.
- Training (D): Teaches approved outside entities.

Confidentiality

Staff must understand that any results of vision screening must be kept confidential and **only** shared with the school nurse or DVPP. This includes not sharing results with the students' parents/guardians or teachers. If the volunteer shares private confidential information they violate FERPA, a federal privacy law. FERPA violations can result in the school losing federal funding.

School vision screening notifications

All parents/guardians must be notified of scheduled vision screenings.

Parents/guardians can choose to opt-out of vision screenings. Vision screening notifications can be provided through parent handbooks, school newsletters, computer-generated messages, and other means of communication as per the LEA policy. Opt-out instructions should be included in the notification.

Proof of vision screenings

Students who are younger than 9 years of age need proof of a vision screening/exam from the past 12 months before they start school. Proof of vision screenings/exams is primarily provided through a certificate or health form signed by a licensed healthcare professional, such as an optometrist, medical doctor, advanced practice registered nurse, occupational therapist, or physician assistant. If a student doesn't have proof of a vision screening/exam in the past 12 months, they must be screened during the school year.

Required vision screening grade levels

Vision screenings are required in the following grade levels:

- Pre-kindergarten
- Kindergarten
- 1st grade.
- 3rd grade.
- 5th grade.
- 7th grade, or 8th grade.
- 9th grade, or 10th grade.

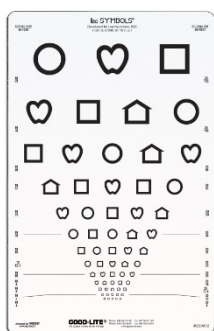
Students can complete their 10th grade vision screenings in a driver's education class. Additionally, if students are referred to the vision screening program by a parent, teacher, or school staff member, they can be screened while in any grade.

Vision screening charts and equipment

There are many types of equipment available to conduct vision screenings. Schools should only use equipment approved by DHHS. Additionally, all manufacturer guidelines and best practices should be used with any vision screening equipment.

Recommended charts for distance visual acuity screening

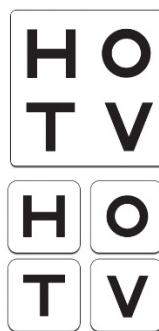
The following charts **are** recommended for vision screenings. These charts are standardized and use culturally unbiased optotypes:



LEA SYMBOLS®



HOTV



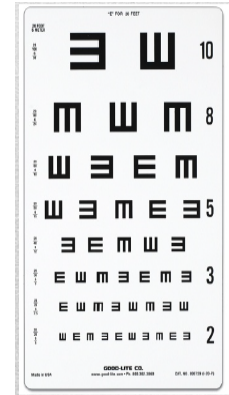
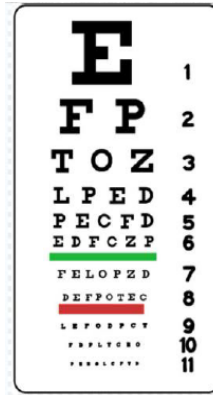
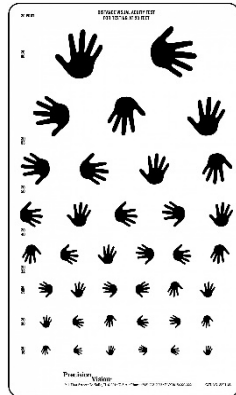
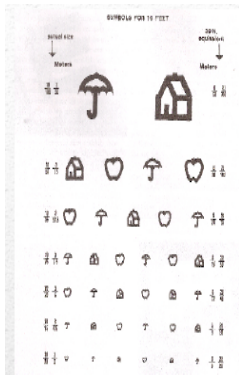
Sloan Letters

Examples of optotype charts that **are** recommended for vision screenings

- LEA SYMBOLS®
 - Use for children aged 3-6 years or students who have not learned the alphabet yet.
 - Use 5- or 10-foot charts with the passing line at the students' eye level.
 - Space the threshold charts proportionally.
- HOTV letters
 - Use for children aged 3-6 years or students who have not learned the alphabet yet.
 - Use 5- or 10-foot charts with the passing line at the students' eye level.
 - Space the threshold charts proportionally.
- Sloan letters
 - Use for children 7 years and older who know the alphabet in random order.
 - Use 10-foot charts with the passing line at the students' eye level.
 - Space the threshold charts proportionally.
 - Use charts with a 20/32 line or a 10/16 line.
 - Do **not** use a 20-foot chart.

The following charts **should not** be used for vision screenings. These charts are not standardized and use culturally biased optotypes:

- Allen figures
- Sjøgren hand test
- Lighthouse chart
- Blackbird
- Tumbling E
- Snellen
- 20-foot charts
- Charts that are not proportionally spaced



Lighthouse chart

Sjögren hand test

Snellen chart

Tumbling E chart

Examples of optotype charts that **should not** be used for vision screenings.

Instrument-based screening

Some local education agencies (LEAs) may choose to use instrument-based screenings. Instrument-based screenings use a device to complete vision screenings. They are often used for students who are difficult to screen, such as those with developmental delays. They can be used for students who are 3, 4, and 5 years old, or older students who **can't** complete an optotype-based screening. There is not enough data available to recommend using instrument-based screening for children aged 6 years or older.

When conducting instrument-based screening, the device will automatically pass or refer a student based on the referral criteria used in the device. There is no need to rescreen the student. Results should be listed as pass/fail, and **not** converted to a visual acuity value or listed as a potential diagnosis.

Instruments should not be used more than once on the same student during the year. If students need more than 1 screening, a different screening method should be used.



Welch Allyn SpotTM Vision Screener



Plusoptix S12C, S12R, or S16 without visual acuity add-on



Righton Retinomax

Images showing examples of instrument-based screening devices.

Near vision acuity screening

Near vision is an important function of the human eye. Adequate near vision depends on both accommodation and convergence, which combine to produce a clear image, typically 12 to 24 inches from the eye. Screening near vision acuity in schools is directed toward the identification of hyperopia, particularly severe, or “high” hyperopia.

Eye focusing or tracking

The student should be able to keep their eyes on a target when asked to look from one object to another, or while moving their eyes along a printed page. The student should also be able to maintain clear vision as they move their focus from distance to near vision.

Color vision deficiency

When screening a student for color vision deficiency, follow the test’s manufacturer instructions. Some tests require monocular screening, which cannot occur in schools. Monocular screenings are conducted in eye exams and can provide diagnoses. Schools must use tests that screen binocularly, or with both eyes open.

Significant Vision Impairment

A significant vision impairment is defined as a visual impairment severe enough to interfere with learning. Students must be diagnosed with a significant vision impairment to be eligible for services from a teacher of students with visual impairments in an LEA or at the Utah Schools for the Deaf and the Blind (USDB). A significant vision impairment must be determined individually for each student after examination and diagnosis by a licensed health care provider and functional assessment by a qualified eye care professional. The USDB, the outreach director, or the special education director at the student’s school should be informed about students suspected to have a significant vision impairment.

Referral, follow-Up, and documentation

Referral

If a student does not pass a vision screening, the school must notify the parent/guardian within 30 days. Teachers should also be notified if their students do not pass a vision screening.

If the student needs a professional eye exam, they should receive a referral. Failing a screening is a common reason for a referral, but not the only one. If another eye concern, such as myopia, strabismus, etc. is seen, a referral should be provided. Additionally, if a student can't perform a vision screening; the screening finds inconclusive results; or the school nurse, teacher, or parent/guardian expresses concerns about a student's vision, referrals should be provided.

Automatic referral

Some students should bypass screening and be automatically referred to an eye care professional. Examples of when automatic referrals are necessary include the following:

- Readily recognized eye abnormalities, such as strabismus or ptosis.
- A known diagnosis of a neurodevelopmental disorder, such as hearing impairments, motor abnormalities, cerebral palsy, cognitive impairments, autism spectrum disorders, or speech delays.
- Systemic diseases known to have associated eye disorders such as diabetes or juvenile rheumatoid arthritis.
- A known family history of a first-degree relative with strabismus, amblyopia, or high refractive error.
- A history of premature birth and low birthweight.
- Parents or caregivers who believe their child has a vision-related problem or who have concerns regarding their child's developmental or academic milestones.

Note: The Utah Special Education rule requires that student eligibility for special education is reevaluated every 3 years. A part of reevaluation includes ruling out vision

issues. Students who are referred to special education **do not** need a new vision screening apart from the tier-1 vision screening conducted during the school year. However, their teacher should complete a vision symptoms questionnaire to evaluate the need for tier-2 vision screening or an automatic referral to an eye-care professional.

Referral Criteria

Vision screenings may result in a referral to an eye care specialist if the student does not pass the optotype line for their age. Students must correctly identify more than half of the optotypes on the line to pass it. The optotype lines cut-offs for passing the screening differ for each age and grade. Passing criteria are as follows:

- 3 years of age: 20/50
- 4 years: 20/40
- 5 years and older: 20/32

If students do not pass their vision screening, they need a referral to an eye care specialist for additional screening and/or an eye exam. In addition to a referral, students who do not pass the vision screening must be rescreened within 1 month of the original screening date.

Follow-up

The goal of vision screening is to identify students with visual problems and to assist the families in obtaining further evaluation. School staff can assist in meeting this goal by calling the student's parents/guardians directly and offering follow-up after the referral letter is sent. Students with vision issues may experience poor outcomes if additional vision evaluations are delayed. LEAs should implement a strategy to follow-up with families about additional vision evaluations after a vision screening is failed.

Documentation

Vision screening results, referrals, and follow-up should be documented in the student's permanent record. Documentation can be electronic or on paper.

State Reports

School must report aggregate vision screening data to DHHS annually. This can be done in the school health workload report submitted to the DHHS at the end of the school year or may be reported via the vision report form. The data that must be submitted to DHHS includes the number of tier-1 and tier-2 screenings that were conducted, the number of referrals provided, and any other data points requested by DHHS.

Vision Resources

Friends for Sight is a local program that provides free exams and glasses for low-income and uninsured children 18 years and younger who meet eligibility criteria. They partner with the Utah Optometric Association and Friends for Sight. Social security number is not required.

Lions Club is a non-profit organization that provides financial assistance for eye care for children who meet eligibility criteria. Check with your local Lions Club for more information.

Local businesses such as Walmart, Target, Lens Crafters, America's Best, and private eye care practices often donate services for eye exams and eyeglasses. It is best to check with the local vendors in your area for needed services.

Moran Eye Center provides eye exams for patients who qualify based on income status through the University of Utah Billing office.

Telephone: 801-587-6303 or 1-800-862-4937 or email billing@healthcare.utah.edu

Online optical businesses may be an economical way for parents to order glasses online with Rx and pupil distance (PD) information. Use caution ordering glasses online because quality may be compromised. There are no child-specific measurements done by an eye care professional.

Prevent Blindness provides resources on vision.

Sight for Students is a Vision Service Plan (VSP) program that provides free eye exams and glasses to low-income and uninsured children 18 years and younger who meet eligibility criteria. School nurses who are members of the National Association of School Nurses (NASN), can receive free vision vouchers for students in need.

Definitions

Accommodation – The ability of the eye to allow an individual to focus clearly on objects at near range.

Amblyopia or lazy eye – The loss or lack of development of central vision. It is not related to any eye health problem, and it usually cannot be corrected with eyeglasses or contact lenses alone. It can be the result of a failure to use both eyes together. A lazy eye is often associated with cross-eyes or a large difference in the degree of near or farsightedness between two eyes. It generally develops before the age of six.

Astigmatism – A condition that causes blurred vision. It is caused by either the irregular shape of the cornea or sometimes the curvature of the lens inside the eye.

Blepharitis – An inflammation which can be acute or chronic, of the eyelash follicles and the eyelid glands.

Cataract – A cloudy or opaque area in the lens of the eye that is normally clear. It can interfere with normal vision, depending on the size and location. Cataracts develop primarily in people older than 55 years of age, but can occasionally occur in infants and young children.

Color vision – The ability to perceive color.

Color vision deficiency – The inability to distinguish certain shades of color.

Conjunctivitis – An inflammation of the conjunctiva which is a thin, transparent layer that lines the inner eyelid and covers the white part of the eye.

Convergence – The ability to move both eyes toward each other and focus on a near object.

Cornea – The front part of the eye that is transparent and covers the iris, pupil, and anterior chamber and provides most of an eye's optical power.

Corneal abrasion – A scratched cornea in which visual acuity may be temporarily reduced; may cause photophobia, and result in considerable pain.

Critical line – The age-appropriate passing line for visual acuity screening.

Diopter – A unit of measurement to designate the refractive power of the lens, which is given a plus or minus value.

Distance vision – The ability of the eye to see images clearly at a distance.

Double vision – The perception of two images, one by each fovea, when the eyes have a horizontal or vertical misalignment.

Esotropia – A type of strabismus in which the movements of one or both eyes go inward or nasally.

Exotropia – A type of strabismus, in which one or both eyes will deviate outward, or away from the nose.

Eye Care Professional – A professional eye doctor (an optometrist or an ophthalmologist). It is recommended that students be referred to eye care professionals who are trained and experienced in examining young children.

Farsightedness – See hyperopia.

Fovea – A small depression in the retina of the eye where visual acuity is highest. The center of the field of vision is focused in this region, where retinal cones are particularly concentrated.

Glaucoma – A group of eye diseases that damage the optic nerve.

Hyperopia (farsightedness) – A condition that causes difficulty with near vision.

Instrument-based screening device – An automated screening technique that facilitates vision screening in students who have difficulty screening such as children with developmental delays.

Lazy eye – see amblyopia and strabismus.

Legal blindness – Best corrected visual acuity of 20/200 or less in the better eye, or a peripheral field in the better eye of 20 degrees or less, or other conditions that make accommodations and vision support necessary.

Myopia (nearsightedness) – A vision condition that causes difficulty with distance vision.

Nearsightedness – see myopia.

Nystagmus – A condition where the eyes make uncontrolled, repetitive movements which often results in reduced vision. These movements can occur up and down, side-to-side, or in circular motion patterns.

Occluder – a device that occludes one eye while the other eye is being screened. Approved occluders vary depending on the age of the student. Care should be taken so as not to press on the student's eye when occluding.

Ophthalmologist – A medical physician (MD or DO) concerned with the study and treatment of disorders and diseases of the eye. Ophthalmologists are trained in surgical interventions for the eye.

Optic nerve – The largest sensory nerve of the eye, which carries visual impulses for sight from the retina to the brain.

Optician – A professional who makes lenses, fits them into frames and adjusts the frames to the wearer.

Optometrist – A Doctor of Optometry (OD) who specializes in the diagnosis and treatment of functional vision problems, prescribes corrective lenses or visual therapy, and examines eyes for disease.

Optotypes – Letters or symbols on a vision screening chart.

Patching – A type of treatment for amblyopia in which the patient's preferred eye would be covered to improve vision in the other eye.

Peripheral vision – The ability to perceive the presence, motion, or color of objects to the side.

Photophobia – A discomfort or abnormal sensitivity to light. Excessive tearing may be a symptom.

Pink eye – see conjunctivitis.

Ptosis – A drooping of the upper eyelid.

Refraction – A test to determine an eye's refractive error and correction of lenses to be prescribed.

Rescreening – A follow-up or second screen performed before referral when findings are suspicious or inconclusive.

Screening – Simple and quick testing procedures used to identify and refer students with visual impairment or eye conditions.

Strabismus – An eye misalignment caused by extraocular muscle imbalance.

Visual acuity – Quantifiable measurement of the sharpness or clearness of vision when identifying specific optotype sizes at a standardized distance.

References

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Appendix

[53G-9-404](#). Public Education Vision Screening.

[R384-201](#). School-Based Vision Screening for Students in Public Schools.

VISION SCREENING DOCUMENTS

All documents related to vision screening can be found at <https://heal.utah.gov/sn-documents/>

Training for vision screening

[Vision Screening Module A: Basics for setting up a tier 1 vision screening](#)

[Vision Screening Module B: Training for volunteers assisting with tier 1 vision screening](#)

[Vision Screening Module C: Training for tier 2 vision screening \(for school nurses only\)](#)

Vision Screening Module D: Training for approved outside entity (requires prior approval)

[Webinar \(2019\): School nurse training on vision screening](#)

[Webinar \(2019\): Training for designated vision point-person \(for schools without a nurse\)](#)