State of Utah

School Vision Screening

Policy Book

2026

Department *of* Health & Human Services

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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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Vision screening policy task force

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Contents

Introduction

Utah Code 53G-9-404 and Utah Administrative Code R384-201 set the requirements for vision screening in Utah public schools.

School vision screening helps identify students who may have reduced vision or signs of a possible vision problem. Some students may need more screening or an exam by an eye care professional.

A school vision screening program includes more than scheduled distance vision screening. Schools must also have a process to identify other vision concerns, provide tier two screening when needed, refer students for eye care, follow up with families, document results, and report required data.

The Utah Department of Health and Human Services provides this policy to help schools provide consistent and reliable vision screening. Trained school staff, volunteers, health care professionals, or approved outside entities may conduct screening based on the requirements for each type of screening.

Finding and treating vision problems early may support a student's learning, development, safety, and participation in school. Vision screening does not diagnose a vision condition. It also does not replace a complete eye examination by an eye care professional.

Key requirements at a glance

Utah law and rule require public schools to provide a coordinated vision screening program that includes screening, identification of additional concerns, parent notification, referral, follow-up, documentation, and annual reporting.

Requirement	What schools need to know
Designated vision point person	Each LEA must have a designated vision point person, or DVPP, to coordinate the vision screening program. The school nurse serves as the DVPP when the LEA employs a school nurse.
Required tier one screening	Schools must provide free tier one screening for students in pre-kindergarten, kindergarten, grades 1, 3, and 5, grade 7 or 8, grade 9 or 10, and students under age 9 during their first year enrolled in a Utah public school. Students referred by school personnel or a parent or guardian because of a vision concern must also be screened.
Parent notification and opt-out	Parents or guardians must be notified before scheduled screening. A parent or guardian may opt a student out by submitting a written refusal each school year.
Training	Each person who assists with vision screening must complete annual training through the DHHS online course or training provided by a school nurse. The DVPP coordinates and verifies training completion.
Approved tools and procedures	Schools must use DHHS-approved screening tools, materials, questionnaires, devices, and procedures. Vision screening does not replace a complete eye examination by an eye doctor.
Vision Symptoms Questionnaire	The VSQ is required for certain reading benchmark results and special education evaluations or reevaluations. A parent, guardian, or school staff member may also submit a VSQ when a vision concern is identified. The DVPP must review a completed VSQ within 30 calendar days.
Tier two screening or referral	A student may need tier two screening or referral even after passing tier one distance screening. Tier two is not required for every student or automatically required after a student does not pass tier one screening. An LEA may refer directly to an eye care professional, and must do so when tier two is needed but a qualified tier two screener is not available.

Requirement	What schools need to know
Qualified outside entities	A qualified outside entity must be a DHHS-approved nonprofit organization under contract with the LEA. Outside entities may assist only with tier one screening, must provide results to the LEA, and may screen only while an LEA staff member or the DVPP is present.
Referral notification	When screening results show a possible vision problem, the LEA must send the parent or guardian a written referral within 30 days.
Follow-up	Follow-up must occur separately from the initial written referral. The LEA must contact the parent or guardian to confirm receipt and provide information about obtaining follow-up vision care and available resources.
Documentation	Screening results, referrals, and follow-up must be documented in the student's permanent school record. Schools must also maintain applicable documentation of VSQs, parent notifications, opt-outs, exemptions, absences, and students unable to complete screening.
Annual reporting	LEAs must report yearly vision screening totals to DHHS by June 30 through the School Health Workload Report. Do not include information that identifies a student.

Designated vision point person (DVPP)

Each school must have a staff member who coordinates the school vision screening program. This person is referred to as the designated vision point person (DVPP).

The school nurse should serve as the DVPP when one is available. If the school does not have a school nurse, the LEA must assign another staff member to coordinate the vision screening program.

The DVPP is responsible for organizing the vision screening process, including:

- Ensuring required DHHS training is completed for themselves and any staff or volunteers assisting with screening
- Organizing and supporting tier one screening and follow-up processes
- Collecting and reviewing Vision Symptom Questionnaires (VSQ), when required
- Providing parent or guardian notification and referrals for students who do not pass screening or need further evaluation

- Supporting follow-up and sharing resources with families to help connect them to eye care

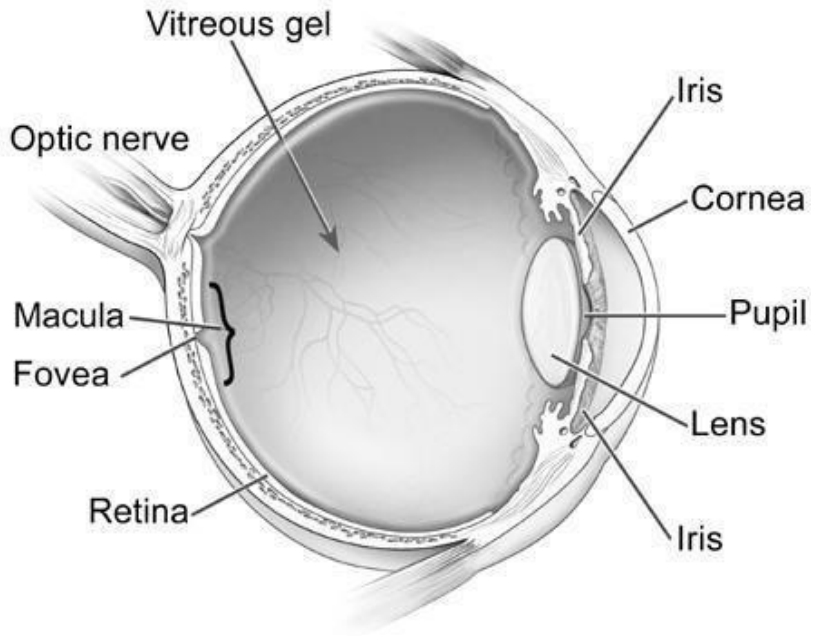
The DVPP is also responsible for ensuring vision screening data is reported through the Utah School Health Workload Report, which is due annually by June 30. If the DVPP is not the person submitting this report, they should coordinate with the individual responsible to make sure vision screening data is complete and accurate.

Even when tasks are shared with other staff, the DVPP helps coordinate the process to support consistent screening, documentation, and follow-up for students.

Vision basics

The eyes collect visual information and send it to the brain. The brain uses this information to create the images we see.

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. A problem in any part of the eye or visual system may affect vision. It is important to understand that many students may have reduced visual acuity and functional vision even while wearing eyeglasses or contact lenses.



An illustration of the eye and its parts.

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

Common vision problems

Vision screening may identify reduced visual acuity, signs of a possible vision problem, or risk factors that indicate a student needs further evaluation. Screening does not diagnose a vision condition. Diagnosis and treatment are provided by an eye care professional through a comprehensive eye examination.

The following are vision conditions that may affect school-age children.

Refractive errors

A refractive error occurs when the eye does not focus light clearly on the retina. This may cause blurred vision at near, at a distance, or both. Refractive errors may affect one or both eyes and may differ between the eyes.

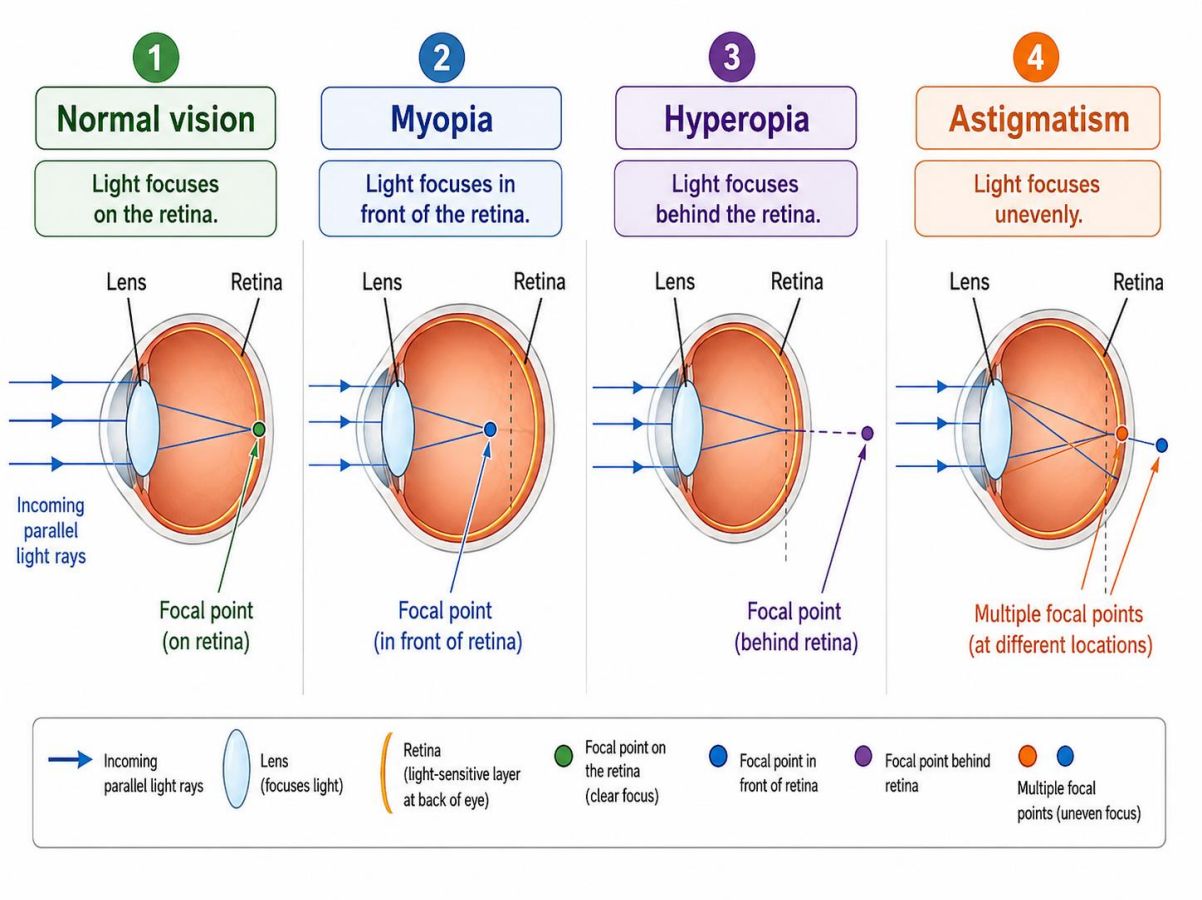


Figure: Common refractive errors myopia, hyperopia, and astigmatism.

Note. Illustration created with Google Gemini.

Myopia, or nearsightedness

Myopia causes distant objects to look blurry, but close objects look clearer. A student with myopia might squint, sit very close to the board, or struggle to see information presented across the room.

Hyperopia, or farsightedness

The eyes must work harder to focus, especially during close-up tasks. A student with hyperopia might still see clearly, but they often get headaches, eye strain, or blurry vision, and they may tire quickly during reading or writing.

Astigmatism

The front part of the eye has an uneven shape. This uneven shape causes blurry or distorted vision when looking at both near and far objects.

Strabismus, or eye misalignment

The eyes do not look in the same direction at the same time. One eye may turn in, out, up, or down. This turn can happen all the time or just once in a while. Strabismus makes it hard for the eyes to work as a team, affects depth perception, and can lead to amblyopia (lazy eye) if it happens in early childhood.

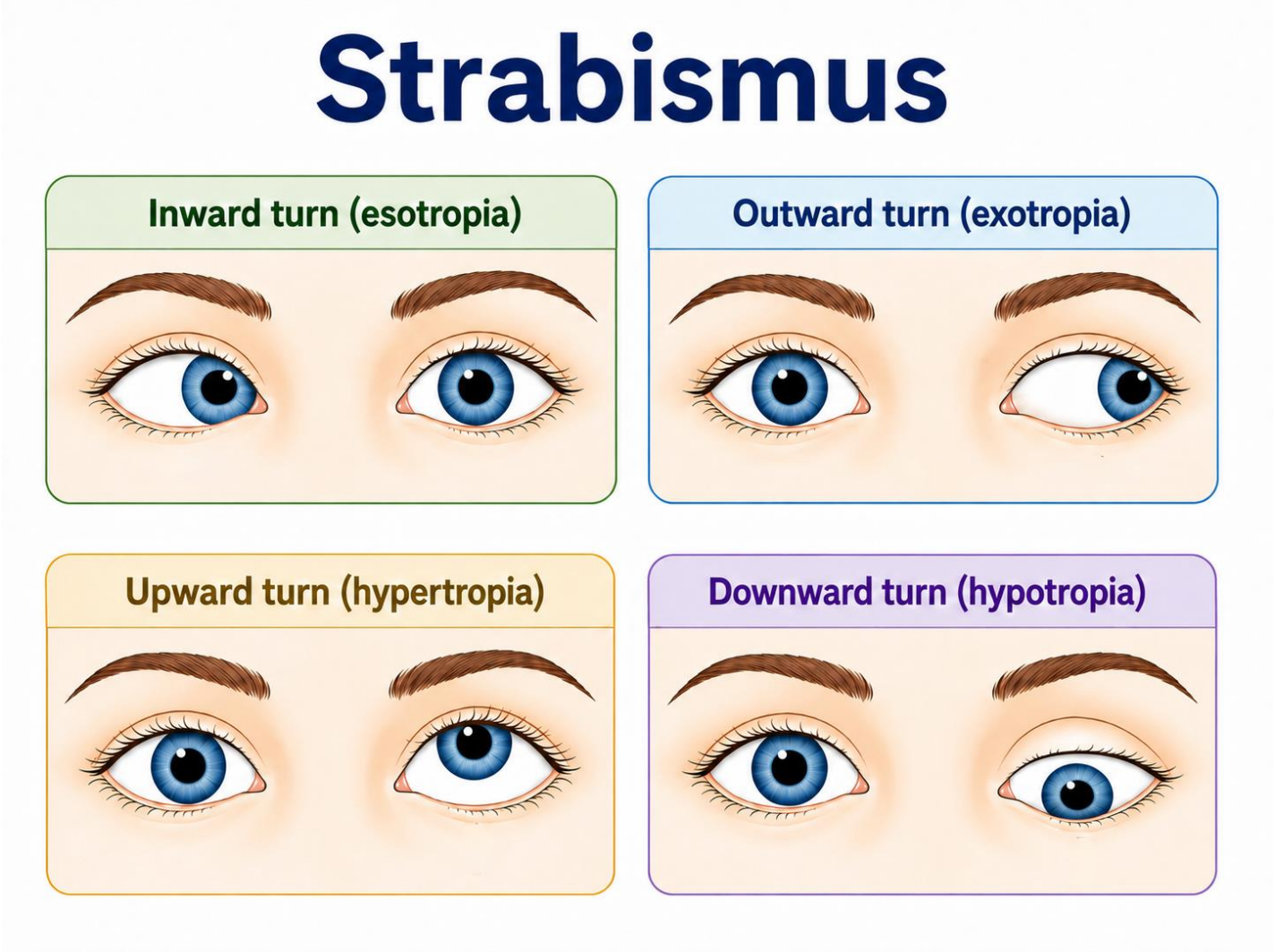


Figure: An illustration showing the variations of strabismus Note: AI-generated illustration created with Google Gemini.

Anisometropia

Anisometropia means a student has a different vision strength in each eye. Because one eye sees better, the brain starts to favor the clearer eye. If this happens during early childhood and is not treated, it can lead to amblyopia (lazy eye).

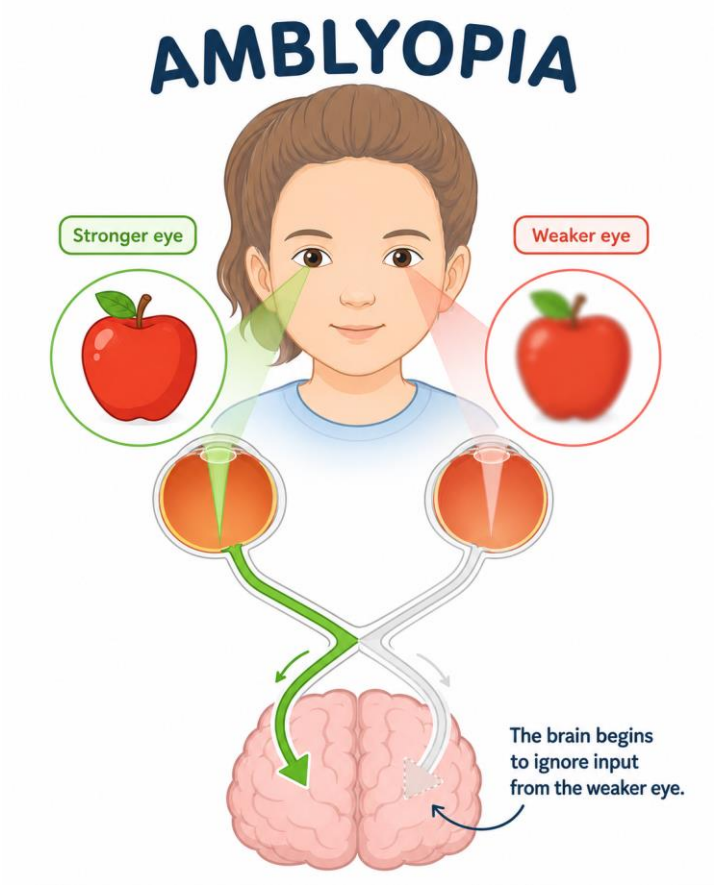


Figure: Amblyopia. Note: AI-generated illustration created with Google Gemini.

Amblyopia - Lazy eye

This is reduced vision that happens when normal childhood vision does not develop correctly. It is a problem with how the brain and eye talk to each other, rather than an eye that is not working hard enough. It occurs when the brain gets a clearer picture from one eye than the other. Common causes include strabismus or a large difference in vision strength between the two eyes. Finding and treating it early is vital to prevent permanent vision loss.

Color vision deficiency

Color vision deficiency makes it hard to tell certain colors apart, most commonly shades of red and green. It does not usually change how sharp a student's vision is, but it can make color-coded schoolwork difficult. When a student has this concern, school staff should use labels, patterns, or symbols alongside color.

Convergence insufficiency

Convergence is how the eyes turn inward to focus on a close object together. Insufficiency means the eyes struggle to work as a team for close-up tasks. A student might get headaches, double vision, eye strain, or lose their place while reading.

Vision problem symptoms

Some signs of a vision problem may look like behaviors linked to attention, learning, or developmental concerns. Vision screening can help determine whether a student may need further eye care.

The following symptoms may be seen in the classroom.

Appearance

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

- Tilts their head, squints, or closes or covers one eye when reading.
- Crossed or wandering eyes.
- Pupils that are different sizes.
- Watery, hazy, or cloudy 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.
- Does not write in a straight line.
- Has difficulty copying from the board or changing focus between near and far objects.
- Avoids close-up work, like reading or writing.
- Difficulty lining up numbers during math.
- Holds books close to their face or leans close to computer screens.
- Frequently bumps into things or knocks things over.
- Reads slowly or word-by-word.
- Reverses words or letters when reading.
- Rubs their eyes, blinks frequently, or moves their head forward or backward when looking at the board.
- Is frustrated or tense while doing close-up work, like reading or writing.

Complaints

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

- Words appear to float, move, or jump while reading.
- Headache, dizziness, or nausea when reading or doing close up work.
- Itching, burning, or scratchy eyes.
- Blurred or double vision.
- Sensitivity to light.
- Tired eyes.

The screening process

Utah public schools are required to provide vision screening for students who meet the required screening criteria. Schools must use approved screening methods and have a process for referral and follow-up. Vision screening includes more than the scheduled distance screening.

A complete school vision screening program includes:

- Tier one distance vision screening for students who meet the required screening criteria
- A process for identifying students who may need tier two screening or referral based on screening results, the Vision Symptoms Questionnaire, parent or guardian concerns, classroom concerns, or other signs of a possible vision problem
- Referral and follow-up for students who need evaluation by an eye care professional

This section outlines requirements for consistent screening practices, trained screeners, approved screening tools, referrals, and follow-up.

Types of screenings

Tier one screening is a basic vision screening that includes distance vision testing. LEAs must provide free tier one screening to students who meet the required screening criteria.

Tier one screening may be conducted by:

- A school nurse
- A health care professional
- A trained school volunteer
- A qualified outside entity approved by the department and contracted with the LEA

Each tier one screener must complete the required annual training and work in coordination with the designated vision point person, or DVPP.

Tier two screening

Tier two screening checks for concerns that a basic distance screening may not find. These concerns may be identified through the Vision Symptoms Questionnaire, classroom observations, parent or guardian concerns, previous screening results, or other signs of a possible vision problem.

Tier two screening includes distance and near vision testing. When needed, it may also include screening for:

- Eye focusing
- Eye tracking
- Color vision

- Convergence insufficiency

Only a school nurse or health care professional who has completed the required DHHS tier two training may conduct tier two screening.

Tier two screening and referral

Tier one distance screening is not the only component of a school vision screening program. It does not identify every vision concern that may affect reading, near work, focusing, tracking, eye teaming, or classroom performance.

A student may pass tier one screening and still need tier two screening or referral when other concerns are identified. However, tier two screening is not required for every student and is not automatically the next step when a student does not pass tier one screening.

An LEA may refer a student directly to an eye care professional instead of conducting tier two screening. A student who is referred to an eye care professional after tier one screening does not also need tier two screening.

If a student needs tier two screening and the LEA does not have a qualified tier two screener, the student must be referred to an eye care professional.

Vision screenings from outside entities

Only a qualified outside entity may assist an LEA with tier one vision screening. A qualified outside entity must:

- Be a nonprofit organization
- Be approved by DHHS through the department's application process
- Be under contract with the LEA
- Provide only tier one screening
- Provide all screening results to the LEA

Outside entities may not conduct tier two screening. An LEA staff member or the DVPP must be present during the entire screening.

The LEA remains responsible for documenting results, providing the initial referral notification, and completing required follow-up with the student's parent or guardian.

An approved outside organization may give families information about follow-up care. The organization may send this information at the same time as, or after, the LEA sends the written referral. It may not send the information before the LEA shares the screening results.

Individuals and organizations assisting with school vision screening may not profit financially from the screening or market, advertise, or promote a business in connection with the screening. A current list of qualified outside entities is available in the screening section of the HEAL school nursing website.

Students who must be screened or considered

At a minimum, vision screenings are required in the following grade levels:

- Pre-kindergarten
- Kindergarten
- 1st grade
- 3rd grade
- 5th grade
- 7th or 8th grade
- 9th or 10th grade
- During their first year in a Utah public school, if under age 9.

Students may complete the high school vision screening requirement through a driver education course.

Students may also be screened in any grade if they are referred due to a vision concern identified by a parent or guardian, teacher, or other school staff member.

LEAs may screen additional students or grades when local resources allow, especially when a concern is raised by a parent, guardian, school staff member, or the student.

Vision screenings for new students in Utah under age 9

A student under age 9 must receive vision screening during the student's first year in a Utah public school.

A parent or guardian may meet this requirement by providing:

- A vision screening certificate, or
- Written proof of a complete eye exam by a health care professional

The screening or eye exam must have occurred within 1 year before the student entered the school. If the parent or guardian does not provide this documentation, the school must complete the required vision screening. The school must keep the results in the student's permanent school record.

School vision screening notification and opt-out

Schools must notify parents or guardians of scheduled vision screenings and provide an opportunity to opt out. Parents or guardians have the right to opt their student out of tier one or tier two vision screening. The opt-out must be completed annually and in writing.

Schools may notify families through handbooks, newsletters, email, or another LEA-approved method.

The notification should include the purpose of vision screening, which grades or students will be screened, the approximate timing of the screening, and instructions for how to opt out. Schools should send the notice early enough for families to review it and opt out. The notice must be accessible to families.

Students who wear glasses or contacts should wear them during screening unless the specific tool instructions say otherwise. Parent notification before screening should remind families to send glasses or contacts on screening day.

Vision Symptoms Questionnaire (VSQ)

The Vision Symptoms Questionnaire, or VSQ, helps school staff identify possible vision concerns that a basic distance screening may not find. Utah rule requires schools to use the VSQ in certain situations.

The VSQ is a checklist completed by school staff to identify signs of possible vision problems based on what they observe in the student's learning environment. These may include behaviors such as difficulty reading, trouble seeing the board, squinting, headaches, or problems with focusing or tracking.

When the VSQ is completed

The VSQ must be completed in the following situations:

- A student in grades 1 through 3 does not meet the benchmark on the required reading assessment. The classroom teacher completes the VSQ.
- A student undergoing a special education evaluation or reevaluation, if indicated by the evaluation team
- A concern about vision is raised by a parent or guardian, teacher, or other school staff member

Purpose of the VSQ

The purpose of the VSQ is to help determine whether a student's reading, learning, or classroom difficulties may be related to a vision concern. During a special education evaluation, schools must consider whether vision may be affecting the student's ability to learn.

Staff who work with students in grades 1 through 3 and members of special education teams should receive clear guidance about when the VSQ is required and how it supports reading interventions and special education evaluations.

Reading assessment timelines

For a student in grades 1 through 3 who does not meet the reading benchmark:

- The LEA must notify the student's classroom teacher within 30 calendar days of the student's performance on the assessment.

- The classroom teacher must complete the VSQ within 45 calendar days of the administration of the reading assessment.

Submitting and reviewing the VSQ

The classroom teacher, parent or guardian, or other appropriate school staff member completes the VSQ and submits it to the designated vision point person, or DVPP.

The DVPP must review the completed VSQ within 30 calendar days and determine whether the student needs:

- Have an approved screener complete tier two screening
- Refer the student to an eye care professional
- Take no further action

If the LEA does not have an authorized tier two screener, a student who needs tier two screening must be referred to an eye care professional. An LEA may also choose to refer a student directly to an eye care professional instead of completing tier two screening.

The number of VSQs completed is included in the School Health Workload Report data collection.

Special education evaluations

When an evaluation team evaluates or reevaluates a student for special education, the team must consider whether vision may affect the student's learning, behavior, communication, or access to school materials.

The evaluation team decides whether to include vision as part of the evaluation, based on special education requirements. When the team identifies vision as a concern, a teacher must complete the Vision Symptoms Questionnaire (VSQ). The team should not rely only on results from a routine tier one distance vision screening.

A student may pass tier one screening and still have a vision concern that affects reading, close-up work, focusing, tracking, use of both eyes together, or classroom performance. The person who completes the VSQ must submit it to the designated vision point person, or DVPP. The DVPP reviews the VSQ and follows the next steps described in the VSQ section above.

Screening students with special needs

Schools should include students with special needs in vision screening unless the student has a diagnosed significant vision impairment or another documented exemption.

Some students may need extra support during screening. This may include students with developmental, physical, cognitive, behavioral, communication, or sensory needs.

Schools should use approved chart-based tools whenever possible. Staff may give the student time to become familiar with the process, use matching cards or other response tools, adjust the student's position, or give clear and simple directions.

Schools may use an approved instrument-based device when the student cannot complete chart-based screening. Staff must follow Utah rule, department guidance, and the device instructions.

Staff, training, privacy, and screening support

Vision screening volunteers

Individuals who assist with vision screening must be trained before participating in screenings. Training may be completed through the Utah Department of Health and Human Services (DHHS) online training course or provided by a school nurse or other qualified health care professional identified in law or rule. Volunteers may assist with tier one vision screening under the direction of the designated vision point person (DVPP) or school nurse. Volunteers may not perform tier two screening. Vision screening activities must be coordinated by the school.

Volunteers who assist with vision screening may not receive financial compensation related to the screening and may not market, advertise, or promote a business while participating in school vision screening activities. Volunteers may not give families resource materials during or after screening.

An exception applies when the volunteer represents a nonprofit organization that DHHS has approved and the LEA has hired or contracted with.

Training

Utah law and rule require each person who helps with vision screening to complete training before screening students. This includes school staff, volunteers, and others assisting with the vision screening process.

The Utah Department of Health and Human Services (DHHS) provides standardized training to support consistent, evidence-based screening practices across schools. This training is available online through the DHHS HEAL website and is delivered as a Canvas course. The DVPP must confirm that all staff and volunteers complete annual training.

Confidentiality

Vision screening results are part of a student's education record and must be kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

Individuals who assist with vision screening, including school staff and volunteers, may only access and share student information as needed to perform their assigned role. Screening results should be shared with the designated vision point person (DVPP), school nurse, or other authorized school personnel responsible for documentation, notification, and follow-up.

Volunteers must not independently share screening results with parents, guardians, teachers, or other staff. All parent or guardian notification and communication must be coordinated through the school's established process. Schools must protect student privacy. They must also make sure everyone involved in screening understands the confidentiality rules.

Screening tools and procedures

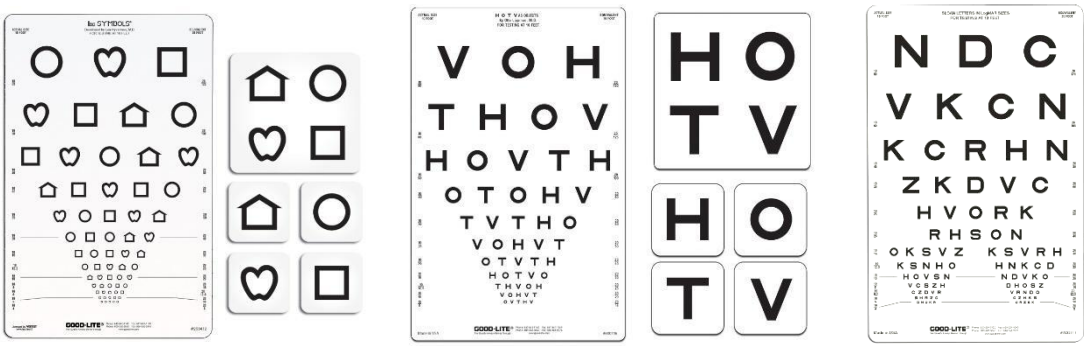
Vision screening charts and equipment

Schools must use only DHHS-approved screening tools and equipment. Staff must follow the manufacturer's instructions and DHHS procedures. Standardized charts and tools help schools get more accurate results.

Distance visual acuity screening charts

Distance vision screening should be completed using a standardized 10-foot threshold chart. Charts should:

- Use approved optotypes, such as LEA SYMBOLS®, HOTV letters, or Sloan letters
- Include a 20/32 (10/16) line, not a 20/30 line, when applicable
- Use proportionately spaced optotypes and lines
- Use a logMAR-style size progression
- Be designed for a 10-foot screening distance
- Be clean, unaltered, and used according to the manufacturer's instructions



LEA SYMBOLS® HOTV Sloan Letters

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

The following optotypes are recommended for school vision screening:

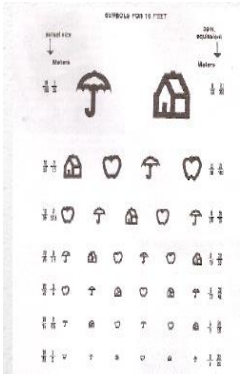
- **LEA SYMBOLS®**
  - Use for students ages 3 through 6 years, or for older students who do not know letters in random order.
- **HOTV letters**
  - Use for students ages 3 through 6 years, or for older students who do not know letters in random order.

- **Sloan letters**
    - Use for students who know letters in random order, typically age 6 or 7 years and older.

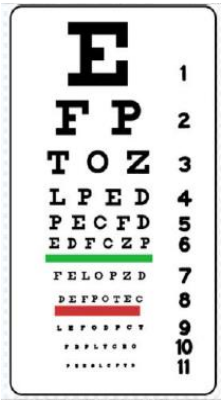
Do not use the following charts for school vision screening:

- Allen figures
- Lighthouse chart
- Kindergarten or Sailboat chart
- Tumbling E
- Snellen chart
- Landolt C
- 20-foot charts
- charts that are not proportionately spaced
- charts that are not standardized for school vision screening

These charts are not recommended because they are not standardized, may use culturally biased or less reliable optotypes, or may produce less accurate screening results.



Lighthouse chart



Snellen chart

Tumbling E chart

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

Distance screening methods

Place the chart so the screening line is at the student's eye level. Use a well-lit area and position the chart to avoid glare and visual distractions. Measure 10 feet from the chart to the student's eyes.

Schools may use either critical line screening or full threshold screening with an approved distance vision chart. DHHS recommends full threshold screening when time, staffing, and the student's ability allow because it provides more information about how clearly each eye sees and can identify a 2-line difference between the eyes.

Before screening begins, the school should select the screening method. All screeners should use the same method and follow the approved instructions.

Critical line screening

Critical line screening checks whether each eye meets the minimum passing line for the student's age.

The screener begins at the age-appropriate passing line and screens each eye separately. The screener records the result as:

- Pass
- Does not pass
- Unable to complete

Critical line screening is faster and may work well for large screening events. However, it does not identify the student's exact visual acuity level. It also cannot identify a 2-line difference between the eyes.

Full threshold screening

Full threshold screening identifies the visual acuity level for each eye.

The screener begins at the starting line listed in the chart instructions. The screener then moves down the chart, one line at a time, until the student's visual acuity level is identified.

Full threshold screening takes more time than critical line screening. However, it gives the screener more information about each eye and allows the results from the two eyes to be compared.

Two-line difference

When schools use full threshold screening, the screener must compare the results from the two eyes.

A student should be referred to an eye care professional when there is a 2-line difference between the eyes. This referral is needed even when both eyes meet the age-appropriate passing criteria.

For example, results of 20/20 in one eye and 20/32 in the other eye show a 2-line difference.

A 2-line difference may be a sign of amblyopia or another condition that causes unequal vision between the eyes.

Critical line screening cannot identify a 2-line difference because it does not measure the visual acuity level of each eye.

Occluders

Distance visual acuity screening should be completed one eye at a time. The eye not being tested must be fully covered to prevent peeking.

Use a clean occluder that:

- Fully covers the eye not being tested
- Does not press on the eye
- Allows the screener to observe for peeking

Approved occluder options include:

- Adhesive eye patches
- Hypoallergenic surgical tape (about 2 inches wide)
- Occluder glasses
- Mardi Gras mask occluders
- Lollypop occluders

When using a lollypop occluder, place the handle toward the temple, not the chin. If the student wears glasses, place the occluder over the glasses. Choose the occluder based on the student's age, ability, and screening setting.

Do not use:

- Hands
- Tissues or paper
- Paper occluders
- Paper or plastic cups
- An adult holding an occluder over a student's eye

These methods can move easily and may allow peeking, which reduces screening accuracy.

Instrument-based screening

Instrument-based screening uses an approved device instead of a vision chart. Chart-based screening is the preferred method for most students. It directly checks how clearly a student can see letters or symbols. Instrument-based screening does not measure visual acuity. It checks for risk factors that may suggest a vision problem. These may include problems with how the eyes focus light or how the eyes line up.

Schools may use instrument-based screening:

- For children ages 3 through 5

- For students who cannot complete chart-based screening because of a developmental, communication, physical, or other need

Schools should not use instrument-based screening as the routine method for students age 6 and older.

Schools must use a device approved by DHHS. Staff must:

- Follow the device instructions
- Use the referral rules built into the device
- Record the result as pass or refer
- Not report the result as a visual acuity score, such as 20/20
- Not use the result as a diagnosis

Examples of approved devices may include:

- Welch Allyn Spot Vision Screener
- Plusoptix S12C, S12R, or S16 without the visual acuity add-on
- GoCheck Kids without the visual acuity feature, for children ages 3 through 5
- Righton Retinomax

Schools should confirm that a device is currently approved by DHHS before using it.

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 the ability to see clearly during close-up tasks, such as reading and writing. The eyes must focus and work together to keep nearby objects clear. Near vision screening may help identify students who have difficulty with close-up tasks, including reading.

Use an approved 16-inch near vision chart with a measuring string. The chart should:

- Use approved optotypes, such as Sloan letters, HOTV letters, or LEA SYMBOLS®
- Use proportionately spaced optotypes and lines. This means the spacing changes with the size of the letters or symbols.

- Use a logMAR-style size progression. This means the letters or symbols change size in equal steps from one line to the next.
- Include the passing line for the student's age

Do not underline, highlight, circle, write on, or otherwise mark the chart. Provide enough light and position the chart to avoid glare.

Hold the chart 16 inches from the student's eyes. Place the end of the measuring string at the student's temple and keep the string taut. Keep the chart at the student's eye level.

Complete the screening with both eyes open. Ask the student to identify the optotypes on the passing line for the student's age. The student must correctly identify at least three of the five optotypes on the age-appropriate passing line.

Refer the student to an eye care professional if the student does not meet the passing criteria, cannot complete the screening, or shows signs or symptoms of a possible vision problem.

Eye focusing and tracking

Eye focusing and tracking are important for reading and other school tasks. Students use eye tracking to follow words across a page and move their eyes from one object to another.

Students should also be able to change focus from distance to near and maintain clear vision. Difficulty with focusing or tracking may affect reading, attention, and overall classroom performance. If staff identify a concern, the student may need more screening or referral to an eye care professional.

Color vision deficiency

Color vision deficiency involves difficulty distinguishing some colors. An approved tier two screener may check color vision when staff identify a concern. School-based color vision screening should be completed binocularly, with both eyes open. If the test requires tracing, use a clean cotton-tipped swab or soft brush.

Rescreening is generally not required. Referral to an eye care professional is not required only to confirm color vision deficiency. If findings suggest a possible color vision deficiency, school staff should notify the parent or guardian and the student's teacher.

Referral, follow-up, and documentation

Significant vision impairment

A significant vision impairment is a vision condition that greatly limits a student's ability to learn or take part in school.

A student may qualify for special education services under the category of visual impairment, including blindness. The evaluation team must follow the current Utah State Board of Education Special Education Rules and the Individuals with Disabilities Education Act, or IDEA.

To determine eligibility, the team generally needs:

- A current diagnosis from a licensed health care provider. The diagnosis should usually be from the past 3 years.
- A complete evaluation that includes a functional vision assessment.

A functional vision assessment looks at how the student uses vision during school activities. A teacher of students with visual impairments usually completes this assessment. An eye care professional may also provide information.

When staff suspect that a vision impairment affects a student's learning, the school should begin the special education referral process without delay. The school may contact the local special education director or the Utah Schools for the Deaf and the Blind Outreach Vision Services program for support.

Schools must protect student information during the referral and evaluation process. Staff must follow FERPA, Utah student privacy laws, and local school procedures.

Referral

If a student does not pass a vision screening, the school must notify the parent or guardian within 30 days and provide referral information for further evaluation by an eye care professional. Schools should also verify that the family is aware of the screening results and provide available resources, when needed, to support follow-up care.

When screening results affect classroom access or learning, the student's teacher should also be informed through the school's process so appropriate support and accommodations can be considered.

A referral may be needed for more than one reason. A student should be referred when the student:

- Does not pass the age-appropriate screening criteria
- Has signs or symptoms of a possible vision problem

- Has a 2-line difference between the eyes, even if both eyes are in the passing range
- Has inconclusive results or is unable to complete screening
- Has a concern identified by the school nurse, designated vision point person (DVPP), teacher, parent or guardian, or other school staff member

Verification of results

A school nurse may verify or confirm failed screening results before the parent or guardian is notified. Verification is used to confirm the accuracy of a failed screening result. It is different from rescreening an untestable student.

Rescreening

Rescreening is used when a student does not pass the first screening attempt, is absent, or is unable to complete screening on the first attempt.

Students who are unable to complete screening are considered untestable. If the student may be able to participate on another day, the school should rescreen the student as soon as possible, ideally within 2 weeks.

A student should be referred to an eye care professional if

- the student does not pass rescreening,
- remains unable to complete screening,
- shows signs of a possible vision problem, or
- already meets referral criteria from the first screening.

Tier two screening is not required before referral when the student already meets referral criteria or when the LEA chooses direct referral instead of tier two screening.

Direct referrals to eye care professionals

Certain students may be referred directly to an eye care professional instead of completing additional school-based screening.

An LEA may refer a student to an eye care professional instead of completing tier two screening. If a student is identified as needing tier two screening and the LEA does not have an approved tier two screener available, the student should be referred directly to an eye care professional.

Direct referral may be appropriate when a student has:

- Readily recognized eye abnormalities, such as an eye that turns in, out, up, or down, or a drooping eyelid.
- A known neurodevelopmental disorder or developmental delay
- A systemic or genetic condition associated with eye disorders
- A known family history of strabismus, amblyopia, high refractive error, or other serious eye concerns

- A history of premature birth or low birthweight
- A parent or caregiver concern about a possible vision-related problem or developmental or academic milestones
- Vision concerns identified through the Vision Symptoms Questionnaire when the VSQ directions indicate referral or when tier two screening is not available

If tier two screening is needed, it must be completed by an approved tier two screener. If an approved tier two screener is not available, the student should be referred directly to an eye care professional.

Distance screening passing criteria

Vision screening may result in referral to an eye care professional when a student does not pass the age-specific optotype line. To pass, the student must correctly identify at least three of five optotypes on the passing line with each eye screened separately.

Passing criteria are:

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

A student who does not pass vision screening should be referred to an eye care professional for further evaluation.

Follow-up

The goal of vision screening is to identify students with possible vision problems and help families access further evaluation when needed.

When a student does not pass vision screening, the LEA must notify the parent or guardian and provide a referral for further evaluation by an eye care professional. This must be done within 30 days of the vision screening.

The LEA must follow up with the parent or guardian after sending the written referral.

The follow-up contact does not replace the written referral. During follow-up, the LEA must:

- Confirm that the parent or guardian received the referral
- Explain how to obtain follow-up vision care
- Share available resources
- Document the contact

A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.

Timely follow-up is important because students do not fully benefit from vision screening unless they receive needed follow-up care.

Documentation

Schools must record screening results, referrals, and follow-up in the student's permanent school record.

Annual reporting to DHHS

LEAs must report aggregate vision screening data to DHHS each year through the School Health Workload Report submitted at the end of the school year. Aggregate data means totals that do not identify individual students.

Schools should track required vision screening and follow-up data throughout the school year so the LEA can complete the annual report.

Required data may include:

- Tier one screenings
- Tier two screenings
- VSQs reviewed
- Referrals
- Students who received an eye exam
- Students who received treatment
- Students who received financial help
- Outside organizations that provided services
- Other data requested by DHHS

Resources

Resources are listed alphabetically. Availability, eligibility, and services may vary. Schools and families should contact each organization directly for current information.

Utah vision care resources

Charity Vision (Sight Buddies) coordinates with school districts and local optometrists to host vision events that provide free eye exams and free eyeglasses. These services may support students who do not pass tier one vision screening, especially families who do not have insurance or who need help accessing follow-up vision care.

EyeCare4kids is a nonprofit organization that provides eye exams, glasses, and eye care services for children in low-income communities. EyeCare4Kids has Utah clinic locations and may be able to help families who need low-cost or no-cost vision care. Families should contact EyeCare4Kids directly to ask about eligibility, appointments, insurance, Medicaid, and available services.

Friends for Sight is a Utah nonprofit that helps schools provide tier one vision screening through trained volunteers, screening materials, and, in some locations, Spot vision screening devices.

After screening, Friends for Sight also partners with schools and local optometrists to provide vision clinics for eligible students who do not pass screening and are uninsured, underinsured, or from low-income families. Students may receive free eye exams and prescription glasses.

In the Salt Lake area, Friends for Sight partners with Rocky Mountain University and the Salt Lake City School District to provide eye care services at Parkview Elementary School. For more information, contact 2020@friendsforsight.org.

John A. Moran Eye Center and University of Utah Health financial assistance

Families who need help paying for care may contact University of Utah Health billing to ask about financial assistance or payment options. Financial assistance is based on income guidelines and approval through University of Utah Health. Telephone: 801-587-6303.

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 eye care providers and optical businesses

Some local eye care providers, optical shops, and retail vision centers may offer discounts, donated exams, or low-cost glasses. Availability varies by location. Schools and families may contact local providers, such as private optometry offices, Walmart Vision Center, Target Optical, LensCrafters, America's Best, or other local vendors, to ask about low-cost options.

Rocky Mountain University Eye Institute provides eye care services in Provo. The Eye Institute may offer routine eye exams at no cost for qualified individuals, free glasses for those who meet program guidelines, and medically needed follow-up evaluations. Families should contact the Eye Institute directly to ask about eligibility, insurance, Medicaid, appointments, and available services.

The Utah Optometric Association has piloted a voucher program in some Utah school districts. The program may provide a no-cost eye exam and pair of glasses through participating volunteer optometrists, typically in private practice settings. Because the program is still developing and may not be available in all areas, schools should contact the Utah Optometric Association directly for current information about availability, eligibility, and participation.

Online resources:

Online vision care resources

Online resources may help families find low-cost eye care or eyeglasses when local options are not available. Families may review national resources such as the National Eye Institute free or low-cost eye care list, the Prevent Blindness vision care financial assistance directory, New Eyes, or EyeCare4Kids.

Online glasses retailers may also be a lower-cost option when a family has a current glasses prescription and pupillary distance, also called PD. Families should use caution when ordering glasses online because online ordering may not include child-specific measurements, frame fitting, adjustment, or review by an eye care professional.

Note: Online retailers are examples only and are not endorsed by DHHS. Families should compare costs, return policies, lens options, and fit before ordering.

National Eye Institute, free or low-cost eye care

The National Eye Institute provides a national list of programs that may help families find free or low-cost eye care, exams, and eyeglasses. This can be helpful when local resources are not available.

Prevent Blindness, vision care financial assistance directory

Prevent Blindness provides a directory of organizations and services that may help with eye exams, vision care, and treatment costs. This may help schools and families look for support beyond local Utah programs.

New Eyes

New Eyes provides prescription eyeglasses for children and adults in the U.S. who are facing financial hardship. The program uses an e-voucher process and has income eligibility guidelines.

Online glasses retailers

Online glasses retailers may offer low-cost prescription glasses when a family has a current prescription and pupillary distance, also called PD. Examples include Zenni Optical and EyeBuyDirect, which list children's glasses and low-cost frame options. Families should use caution because online ordering may not include child-specific fitting, frame adjustment, or in-person review by an eye care professional.

Finding an eye care provider

Finding an eye care provider when a family has insurance

Families with insurance should contact their insurance plan or use the plan's provider directory to find an in-network optometrist or ophthalmologist. Families can ask their insurance plan which providers are covered, what services are included, and whether glasses or contact lenses are covered.

Families may also use:

- **Insurance provider directories**, such as VSP, EyeMed, Davis Vision, Medicaid, CHIP, or the family's private insurance plan.
- **Utah Medicaid provider directory**, for families with Medicaid or CHIP. Families can search for providers accepting new Medicaid or CHIP patients.
- **Health plan member services**, for help finding a covered provider. CHIP plans can help members find a provider within their network.
- **Utah Optometric Association** "Find a Doctor" directory, to search for optometrists in Utah. Families should still confirm the provider accepts their insurance before scheduling.
- **American Optometric Association** "Find a Doctor" tool, to search for doctors of optometry by location.

Helpful reminder for families:

Before scheduling, families should ask the provider's office: "Do you accept my insurance?" "Is my child's eye exam covered?" and "Are glasses or contact lenses covered?"

Families with insurance who still need financial help

Some families have insurance but still need help paying for eye exams, glasses, copays, deductibles, or replacement glasses. Families should first check their insurance benefits and ask the eye care provider about payment options, discounts, or financial assistance. Families may also contact local vision programs, such as Friends for Sight, EyeCare4Kids, New Eyes, Lions Clubs, the Utah Optometric Association, or University of Utah Health financial assistance, to ask whether help is available. Eligibility and services vary by program.

Appendix

This appendix includes tools, templates, and optional guidance to help schools carry out the vision screening requirements described in this policy.

The appendix does not create additional requirements unless an item is identified as required by Utah law, rule, or DHHS policy.

Schools should use the current online version of forms, approved tool lists, and other materials that may change over time.

Included in this appendix

Screening preparation tools

- Distance guide: 10-foot marker
- Checklist for planning a tier one vision screening

Sample communication templates

- Parent notification before scheduled vision screening
- Parent notification after scheduled vision screening
- Administrator notification about the Vision Symptoms Questionnaire

Optional planning guidance

- School-based vision clinics

Available online

Current vision screening forms, training materials, approved tool lists, and other implementation resources are available on the HEAL school nursing screening webpage.

Available documents include:

- Vision Symptoms Questionnaire
- Vision referral packet for parents, schools, and eye care professionals
- Certificate of vision screening
- Sample annual vision screening opt-out form
- Vision screening tracking template
- Vision screening training
- Approved screening tools and instructions
- Approved outside entities

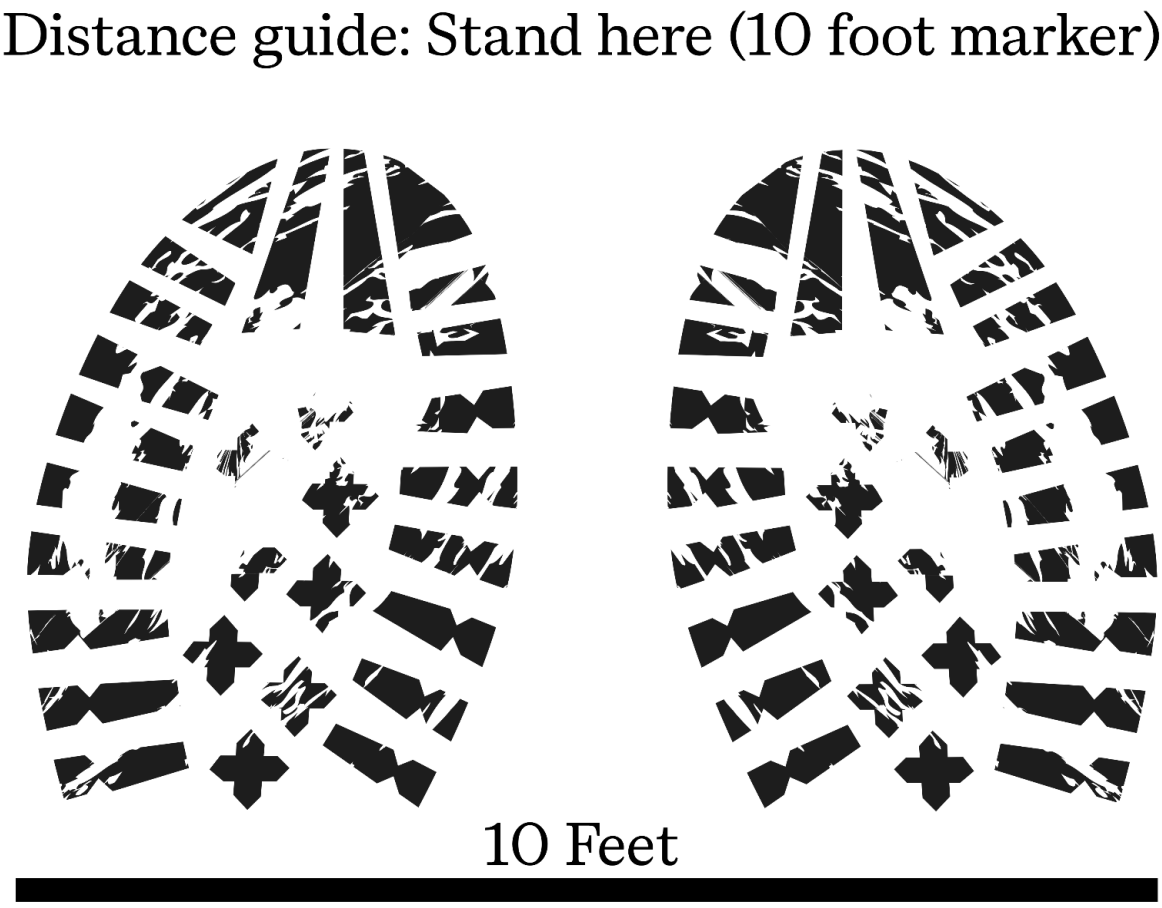
Screening skills job aids

- Distance vision screening
- Near vision screening
- Eye focusing and tracking
- Convergence
- Color vision
- Screening students with special needs

Always use the current online version of each document. Locally saved or printed copies may become outdated.

Screening preparation tools

Distance guide: 10-foot marker



The line must be exactly 10 feet from the vision chart

Comprehensive checklist for planning a tier one vision screening

Use this checklist to plan and conduct a school-based tier one vision screening. Screening must follow current Utah Department of Health and Human Services vision screening requirements and procedures.

Before screening day

Assign the designated vision point person

☐ Identify the DVPP for the school.

The DVPP is responsible for coordinating the school vision screening process. Responsibilities may include:

- Verifying training
- Planning the screening
- Coordinating staff, volunteers, and outside entities
- Managing parent notification and opt-outs
- Reviewing results
- Coordinating rescreening and referrals
- Supporting follow-up
- Coordinating VSQ processes when required
- Ensuring annual reporting is completed

The DVPP should be the school nurse when one is available. If a school nurse is not available, the LEA must assign another school staff member to coordinate the program.

Complete and verify training

☐ Confirm that the DVPP has completed or reviewed the current DHHS school vision screening training.

☐ Confirm that each staff member or volunteer assisting with screening has completed annual training through:

- The current DHHS online training course, or
- Training provided by a school nurse using DHHS-approved materials

☐ Maintain documentation showing who completed training and the date completed.

☐ Match each participant to the duties they are trained and authorized to perform.

Volunteers may assist with tier one screening only. Tier two screening requires separate training and must be conducted by an authorized tier two screener.

Coordinate with school administration

☐ Schedule screening early enough in the school year to allow time for rescreening, referral, and follow-up.

☐ Confirm the screening date or general screening window.

☐ Reserve an appropriate screening location.

☐ Determine how classrooms and students will be scheduled.

☐ Determine how absent or tardy students will be identified and screened later.

Notify parents or guardians

☐ Notify parents or guardians before scheduled vision screening.

The notification should include:

- The screening date or general screening window
- A brief explanation of the screening
- A reminder that screening does not replace a complete eye examination
- Instructions for submitting an annual written opt-out
- A school contact for questions

☐ Record all written opt-outs received for the current school year.

Create the tier one screening list

☐ Create the screening list using the required grades and referral criteria described in the policy.
☐ Identify students who may be exempt:

- A student in grade 10 who is enrolled in driver education may be exempt.
- A student with a diagnosed significant vision impairment is exempt from school vision screening.

☐ Remove students whose parents or guardians submitted a written opt-out for the current school year.
☐ Identify students who may need accommodations or an alternative screening process.

Plan staffing and volunteers

☐ Determine the number of screening stations needed.
☐ Determine the number of staff members or volunteers needed.
Whenever possible, use two trained adults for each screening station:

- One person conducts the screening.
- One person observes student positioning, prevents peeking, and records results.

☐ Never use students as vision screeners.
☐ Provide volunteers with their arrival time, assignment, and training expectations.
☐ Review confidentiality expectations with everyone assisting with screening.

Plan for an outside entity, when applicable

☐ Use only a DHHS-approved qualified outside entity.
☐ Confirm that the outside entity is contracted or formally authorized by the LEA.
☐ Confirm that the outside entity will assist with tier one screening only.
☐ Assign an LEA staff member or the DVPP to remain present during the entire screening.
☐ Confirm how screening results will be provided to the LEA.
☐ Confirm that the outside entity will not advertise, market services, distribute promotional materials, or seek financial benefit during screening.

Select the screening method and equipment

☐ Use only DHHS-approved screening tools and procedures.

For chart-based screening, confirm that the chart:

- Uses approved optotypes, such as Sloan letters, HOTV letters, or LEA SYMBOLS®
- Is proportionately spaced
- Is designed for the required screening distance
- Includes a 20/32 line, not a 20/30 line
- Has not been altered, marked, underlined, boxed, or written on

☐ Follow the manufacturer's instructions for the specific chart or screening tool.
☐ Determine whether screeners will use the critical line method or the full threshold method with the selected chart.

- Critical line: Begin directly at the age- or grade-appropriate passing line and record pass or does not pass.
- Full threshold: Move down the chart line by line to identify the visual acuity level for each eye and check for a 2-line difference between the eyes.

☐ Make sure all screeners use the same selected method and follow the instructions for that method.
☐ Use instrument-based screening only when permitted by DHHS policy and when the student cannot reliably complete standard chart-based screening.
An instrument-based device does not directly measure visual acuity and should not be documented as a 20/20-style visual acuity result.

Plan how results will be recorded

☐ Select the screening record or electronic system that will be used.
☐ Decide who will record results.
☐ Record an outcome for every student scheduled for screening, including:

- Pass
- Does not pass
- Unable to complete
- Absent
- Opted out
- Exempt
- Rescreen needed
- Referred

Do not assume that a blank result means the student passed.
☐ Establish a secure process for protecting student information and screening results.

Plan for rescreening and referrals

☐ Determine who will review screening results.
☐ Plan to rescreen students who are unable to complete the screening or whose results may have been affected by participation, positioning, missing glasses, or another correctable issue.
☐ Conduct rescreening as soon as possible, either the same day or no later than 14 calendar days
☐ Establish a process for referring students who:

- Do not pass screening
- Remain unable to complete screening

- Show signs of a possible vision problem
- Have a parent, guardian, teacher, or school concern requiring referral
- Need tier two screening but the LEA does not have an authorized tier two screener

☐ Determine who will provide the referral packet and parent or guardian notification.
☐ Establish a distinct follow-up process that is separate from the written initial referral notification. Plan who will directly contact the parent or guardian, confirm receipt of the referral, provide resources and instructions for obtaining follow-up vision care, and document the contact.

Screening room setup

☐ Choose a quiet area with limited distractions.
☐ Provide even lighting without glare on the chart.
☐ Protect student privacy and prevent other students from hearing or watching the screening.
☐ Position waiting students so they cannot see the chart or memorize responses.
☐ Hang or hold the chart at the student's eye level, according to the manufacturer's instructions.
☐ Measure the screening distance from the chart to the student's eyes.
☐ Mark the standing position so the arches of the student's feet align with the measured line.
☐ If the student will sit, measure to the back of the chair and have the student sit with their back against the chair.
☐ Arrange the room so students cannot lean forward during screening.

Supplies

☐ DHHS-approved charts or screening tools
☐ Manufacturer's instructions
☐ Measuring cord or tape measure
☐ Floor tape or footprints
☐ Approved occluders
☐ Matching cards or response panels, when needed
☐ Pointer
☐ Cleaning and disinfecting supplies
☐ Waste container, if disposable occluders or patches are used
☐ Student screening lists
☐ Recording forms or electronic device
☐ Pens or pencils
☐ Referral forms and parent packets
☐ Privacy barriers, when needed

Day of the screening

Final checks before students arrive

☐ Confirm that all screeners and volunteers completed training.
☐ Review each person's assigned role.
☐ Confirm that an LEA staff member or the DVPP will be present throughout the screening.
☐ Confirm that charts are unaltered and correctly positioned.

☐ Recheck the screening distance.
☐ Check the room for glare, distractions, and privacy concerns.
☐ Confirm that recording forms and student lists are ready.
☐ Review how absent, opted-out, and exempt students will be documented.

Prepare the student

- Welcome the student and briefly explain the activity.
- Use child-friendly language. For younger students, describe the screening as a game with pictures or letters rather than a test.
- Familiarize the student with the optotypes before covering either eye.
- Make sure the student can identify or match the letters or symbols being used.

Position the student

- Position the student's eyes at the required screening distance.
- If the student is standing, align the arches of the student's feet with the marked line.
- Keep the student's head and body facing forward.

Do not allow the student to:

- Lean forward
- Turn the face
- Tilt the head
- Squint
- Peek around the occluder

Screen each eye separately

- Cover the left eye and screen the right eye first.
- Cover the right eye and screen the left eye.
- Make sure the covered eye remains open behind the occluder.
- Do not allow the student or the occluder to press on the eye.

Students who wear glasses or contact lenses

- Screen students while they are wearing their prescribed glasses or contact lenses.
- Place approved occluder glasses or another appropriate occluder over prescription glasses, following the tool instructions.
- If a student does not have their prescribed glasses, document this. The student may be screened, but if the student does not pass, rescreen when the glasses are available.

Use the point, pull, peek method

- Point briefly to the optotype.

- Pull the pointer completely away.
- Peek at the student to make sure the student is not leaning, squinting, or peeking.
- Do not leave a finger or pointer under an optotype while the student responds.

Follow the selected screening method

Follow the instructions for the specific chart or screening tool.

- Critical line screening: Screen the age-appropriate passing line for each eye.
- Full threshold screening: Move down the chart as instructed to identify the visual acuity level for each eye and check for a 2-line difference between the eyes.

Determine whether the student passes

The student must correctly identify at least 3 of 5 optotypes on the required line with each eye screened separately.

Use the following minimum passing lines:

- Age 3: 20/50
- Age 4: 20/40
- Age 5 and older: 20/32

Record the results

Record a result for each eye.

- For critical line screening, record:
    - Pass, does not pass, or unable to complete for each eye
- For full threshold screening, record:
    - The visual acuity level for each eye labeled as 20/__.

Refer when needed

Refer the student to an eye care professional when the student:

- Does not meet the passing requirement with either eye
- Remains unable to complete screening after an appropriate rescreen
- Has a 2-line difference between the eyes when full threshold screening is used
- Shows signs of a possible vision problem, even if the student passes the chart screening
- Has another concern that requires evaluation by an eye care professional

Protect confidentiality

- Do not discuss screening results where other students, volunteers, or unauthorized individuals can hear.
- Do not announce whether a student passed or did not pass in front of other students.
- Share results only through the school's approved process.

After the screening

Review and verify results

☐ Confirm that every student on the screening list has a documented outcome.
☐ Verify results that indicate the student did not pass, when required by the school process.
☐ Identify students needing rescreening.
☐ Identify students needing referral.
☐ Identify students who were absent and schedule another screening opportunity.

Rescreen

☐ Rescreen appropriate students as soon as possible, preferably the same day or within 14 calendar days.
☐ Record the rescreening date and results.
☐ Refer students who remain unable to complete screening or who do not pass the rescreen.

Parent or guardian notification and referral

☐ Provide the parent or guardian with the written initial referral notification within 30 calendar days of the vision screening.
☐ Use the current DHHS-approved referral form.
☐ Document the screening results and recommend further evaluation by an eye care professional.
☐ Provide information about available community resources when appropriate.
A qualified outside entity may provide additional resource information to the family at the same time as, or after, the LEA provides the written initial referral notification. The LEA remains responsible for the required referral and separate follow-up contact.

Required separate follow-up

The follow-up contact is separate from and does not replace the written initial referral notification.

☐ Directly contact the parent or guardian by telephone, email, or another LEA-approved communication method.
☐ Confirm that the parent or guardian received the written initial referral notification.
☐ Provide:

- Information about available resources
- Instructions for obtaining follow-up vision care
- Any applicable resource information from a qualified outside entity

☐ Document:

- The date of contact
- The method of contact
- Whether the parent or guardian confirmed receiving the referral
- Resources or instructions provided
- Additional contact attempts, when needed
- Eye examination results received by the school

Documentation and reporting

☐ Document each vision screening result, including any referral and follow-up, in the student's permanent school record.

- Screening results
- Rescreening results
- Parent notifications
- Referrals
- Follow-up attempts
- Eye examination results received
- Opt-outs
- Exemptions
- Absences
- Students unable to complete screening
- Training completion
- VSQs, when applicable

☐ Coordinate annual aggregate vision screening reporting through the Utah School Health Workload Report no later than June 30.

☐ Review the screening program after completion and identify needed improvements for the next screening cycle.

Template: Tier 1 tracking template

Tier 1 vision screening
(Use a separate registration sheet per class)

Number of students screened: _____
Number of students referred: _____

School: _____ **Date/ time:** _____
Screening site: _____ **Teacher:** _____
Passing line: _____ **Examiner:** _____

	Student's name	Grade	Wears glasses	Visual acuity chart						Referred	Notes
				Right pass/refer	Left pass/refer	Right	Left	2 line difference	SPOT pass/refer		
1.			☐	P R	P R	20/	20/	☐	P R	☐	
2.			☐	P R	P R	20/	20/	☐	P R	☐	
3.			☐	P R	P R	20/	20/	☐	P R	☐	
4.			☐	P R	P R	20/	20/	☐	P R	☐	
5.			☐	P R	P R	20/	20/	☐	P R	☐	
6.			☐	P R	P R	20/	20/	☐	P R	☐	
7.			☐	P R	P R	20/	20/	☐	P R	☐	
8.			☐	P R	P R	20/	20/	☐	P R	☐	
9.			☐	P R	P R	20/	20/	☐	P R	☐	
10.			☐	P R	P R	20/	20/	☐	P R	☐	
11.			☐	P R	P R	20/	20/	☐	P R	☐	
12.			☐	P R	P R	20/	20/	☐	P R	☐	
13.			☐	P R	P R	20/	20/	☐	P R	☐	
14.			☐	P R	P R	20/	20/	☐	P R	☐	
15.			☐	P R	P R	20/	20/	☐	P R	☐	
16.			☐	P R	P R	20/	20/	☐	P R	☐	
17.			☐	P R	P R	20/	20/	☐	P R	☐	
18.			☐	P R	P R	20/	20/	☐	P R	☐	
19.			☐	P R	P R	20/	20/	☐	P R	☐	
20.			☐	P R	P R	20/	20/	☐	P R	☐	
21.			☐	P R	P R	20/	20/	☐	P R	☐	
22.			☐	P R	P R	20/	20/	☐	P R	☐	
23.			☐	P R	P R	20/	20/	☐	P R	☐	
24.			☐	P R	P R	20/	20/	☐	P R	☐	
25.			☐	P R	P R	20/	20/	☐	P R	☐	
26.			☐	P R	P R	20/	20/	☐	P R	☐	
27.			☐	P R	P R	20/	20/	☐	P R	☐	
28.			☐	P R	P R	20/	20/	☐	P R	☐	
29.			☐	P R	P R	20/	20/	☐	P R	☐	
30.			☐	P R	P R	20/	20/	☐	P R	☐	

Template: VSQ and tier 2 tracking template

Vision symptoms questionnaire and tier 2 vision screening

School: _____

Number of students screened: _____
Number of students referred: _____

	Student's name	Teacher/ room	Grade	Wears glasses	VSQ completed	No further action	Tier 2 indicated	Automatic referral	Tier 2 Vision screening							Notes
									Date of screening	Distance screening	Near vision	Eye focus/ tracking	Convergence	Referral indicated	Referral date	
1.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
2.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
3.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
4.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
5.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
6.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
7.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
8.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
9.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
10.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
11.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
12.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
13.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
14.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
15.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
16.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
17.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
18.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
19.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
20.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
21.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
22.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
23.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
24.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
25.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
26.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
27.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		
28.				☐	☐	☐	☐	☐		P R	P R	P R	P R	☐		

Template: Vision referral tracking template

Vision referral tracking

School: _____

Number of students referred following tier 1: _____
Number of students referred following tier 2: _____
Number of students referred from VSQ automatically: _____
Number of students receiving treatment: _____

	Student's name	Teacher/room	Grade	Wears glasses	Vision referral			Results from eye care professional		Parent notification (email/notes)	Comments
					Tier 1	VSQ automatic	Tier 2	Received exam	Received treatment		
1.				☐	☐	☐	☐	☐	☐		
2.				☐	☐	☐	☐	☐	☐		
3.				☐	☐	☐	☐	☐	☐		
4.				☐	☐	☐	☐	☐	☐		
5.				☐	☐	☐	☐	☐	☐		
6.				☐	☐	☐	☐	☐	☐		
7.				☐	☐	☐	☐	☐	☐		
8.				☐	☐	☐	☐	☐	☐		
9.				☐	☐	☐	☐	☐	☐		
10.				☐	☐	☐	☐	☐	☐		
11.				☐	☐	☐	☐	☐	☐		
12.				☐	☐	☐	☐	☐	☐		
13.				☐	☐	☐	☐	☐	☐		
14.				☐	☐	☐	☐	☐	☐		
15.				☐	☐	☐	☐	☐	☐		
16.				☐	☐	☐	☐	☐	☐		
17.				☐	☐	☐	☐	☐	☐		
18.				☐	☐	☐	☐	☐	☐		
19.				☐	☐	☐	☐	☐	☐		
20.				☐	☐	☐	☐	☐	☐		
21.				☐	☐	☐	☐	☐	☐		
22.				☐	☐	☐	☐	☐	☐		
23.				☐	☐	☐	☐	☐	☐		
24.				☐	☐	☐	☐	☐	☐		
25.				☐	☐	☐	☐	☐	☐		
26.				☐	☐	☐	☐	☐	☐		
27.				☐	☐	☐	☐	☐	☐		
28.				☐	☐	☐	☐	☐	☐		
29.				☐	☐	☐	☐	☐	☐		
30.				☐	☐	☐	☐	☐	☐		

Sample communication templates

Template: Parent education before the vision screening

Dear parent or guardian,

Vision screenings will begin on [insert date].

The school will provide vision screenings for students in required grade levels and for students referred because of a vision concern. If your student wears glasses or contact lenses, please make sure they wear them on the day of screening. A child's vision may change as they grow, so screening can help identify when an updated eye exam or prescription may be needed.

Good vision is important for learning, reading, classroom participation, sports, and daily activities. Vision screening helps identify students who may need follow-up eye care.

A vision screening is not a diagnosis and does not replace a complete eye exam by an eye doctor. If your student does not pass the screening, is unable to complete the screening, or shows signs of a possible vision problem, you will receive a referral recommending an eye exam by an optometrist or ophthalmologist.

If you do not want your student to participate in vision screening, you must notify the school in writing each school year.

Please contact [insert name] at [insert phone number] or [insert email address] if you have questions.

Thank you for helping us support student vision, learning, and health.

Template: Administrator notification about the Vision Symptoms Questionnaire (VSQ)

This template may be used by the DVPP to notify school administrators about the Vision Symptoms Questionnaire (VSQ) process.

Subject: Vision screening follow-up for grades 1-3 reading benchmark results

Dear [administrator name],

I want to make you aware of an important part of Utah's school vision screening process.

School vision screening includes more than just the distance screening. It includes two parts:

1. Tier one distance screening, which is the mass screening completed for required students.
2. Tier two screening, which is completed only for students who may have a vision concern.

The Vision Symptoms Questionnaire, or VSQ, helps identify students who may need tier two screening or referral to an eye care professional.

The VSQ is required for students in grades 1-3 who do not meet benchmark status on the benchmark reading assessment. The purpose is to help identify whether vision may be part of the reason the student is having difficulty meeting reading benchmarks.

A VSQ may also be completed when a teacher, school staff member, parent, or guardian has a vision concern.

During a special education referral, evaluation, or reevaluation, the team determines whether vision needs to be considered. When the team identifies a need to check the student's vision, it should not rely only on tier one distance screening results. A VSQ should be completed and submitted to the DVPP for review.

To support this process, please make sure grades 1-3 teachers are aware that the VSQ must be completed for students who do not meet benchmark status. This process works best when it is supported by school administration, since teachers may not know this is part of the required school vision screening process.

Required timeline for grades 1-3 reading benchmark

1. The LEA notifies the teacher within 30 calendar days of the benchmark assessment.
2. The teacher completes the VSQ within 45 calendar days of the benchmark assessment.
3. The completed VSQ is submitted to the DVPP.
4. The DVPP reviews the completed VSQ within 30 calendar days of receiving it.

Recommended school process

1. Identify grades 1-3 students who did not meet benchmark status on the benchmark reading assessment.
2. Notify the appropriate classroom teacher that a VSQ needs to be completed.
3. Have the teacher complete the VSQ within the required timeline.
4. Submit completed VSQs to the DVPP.

5. The DVPP reviews completed VSQs and follows the school process for next steps.

The school should also have a process for staff to share vision concerns for any student. This helps make sure students who may be showing signs of a vision concern are connected to the appropriate next step.

Thank you for helping support this process. Your support helps make sure vision is considered as a possible barrier to reading and learning.

Please contact [DVPP name/contact information] with questions about the VSQ process.

Reference: Utah Code Section 53G-9-404 and Utah Administrative Rule R384-201, School-Based Vision Screening for Students in Public Schools.

Template: Parent referral following the vision screening

To the parent/guardian of: «Student_First_Name» «Student_Last_Name»
Grade: «Student_Grade» | **Date of birth:** «Student_DOB»

Dear parent or guardian,
Your student recently had a school vision screening. Your student did not pass one or more parts of the screening, or school health staff identified another reason your student should have a complete eye exam.

Clear vision is important for learning. It helps students read, write, see classroom materials, and take part in school activities. Schools routinely screen students for possible vision problems, as required by Utah law, UCA 53G-9-404.

> **Important note about vision screening:** *A school vision screening is not a diagnosis. It helps identify students who may need a complete eye exam by an eye care professional. Vision screening is a quick tool used to identify children who may be at risk for vision problems. A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.*

Required next steps

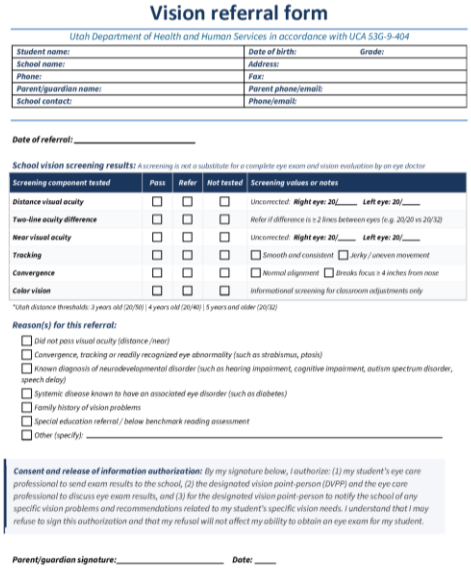
1. Schedule an eye exam: Please schedule a complete eye exam with an eye care professional, such as an optometrist or ophthalmologist, as soon as you can. If your student has a vision problem, early treatment can help protect their vision and support learning.
2. Bring this form: Please bring the attached vision referral form to your student's eye exam and ask the eye care professional to complete the "Comprehensive eye exam results" section.
3. Return the completed form: After the exam, return the completed eye exam results page to the school, or ask the eye care professional to send or fax the results to the school.

Finding a provider and financial assistance resources

If you have insurance, contact your plan's member services (such as Medicaid, CHIP, VSP, or EyeMed) to locate an in-network doctor. If you do not have insurance, you may qualify for financial assistance. Programs providing low-cost or free eye exams and glasses to qualifying students may include **EyeCare4Kids** (800-859-3249), **Friends for Sight** (801-524-2020), **John A. Moran Eye Center** (801-587-6303), **Rocky Mountain University Eye Institute** (385-248-5550), and the **Utah Optometric Association** 801-364-9103.

Sincerely,
[DVPP]

Example forms



Vision referral form

Utah Department of Health and Human Services in accordance with UCA 53G-9-404

Student name:	**Date of birth:** **Grade:**
School name:	**Address:**
Phone:	**Fax:**
Parent/guardian name:	**Parent phone/email:**
School contact:	**Phone/email:**

Date of referral: _____

School vision screening results: *A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor*

Screening component tested	Pass	Refer	Not tested	Screening values or notes
Distance visual acuity	☐	☐	☐	Uncorrected: **Right eye: 20/_____ Left eye: 20/_____**
Two-line acuity difference	☐	☐	☐	*Refer if difference is ≥ 2 lines between eyes (e.g. 20/20 vs 20/32)*
Near visual acuity	☐	☐	☐	Uncorrected: **Right eye: 20/_____ Left eye: 20/_____**
Tracking	☐	☐	☐	☐ *Smooth and consistent* ☐ *Jerky / uneven movement*
Convergence	☐	☐	☐	☐ *Normal alignment* ☐ *Breaks focus ≥ 4 inches from nose*
Color vision	☐	☐	☐	*Informational screening for classroom adjustments only*

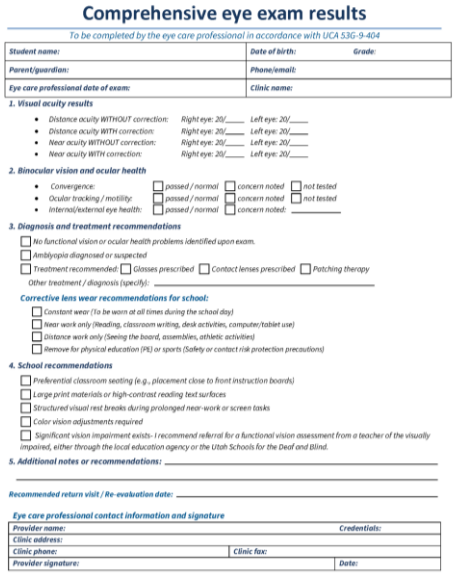
**Utah distance thresholds: 3 years old (20/50) | 4 years old (20/40) | 5 years and older (20/32)*

Reason(s) for this referral:

- ☐ *Did not pass visual acuity (distance /near)*
- ☐ *Convergence, tracking or readily recognized eye abnormality (such as strabismus, ptosis)*
- ☐ *Known diagnosis of neurodevelopmental disorder (such as hearing impairment, cognitive impairment, autism spectrum disorder, speech delay)*
- ☐ *Systemic disease known to have an associated eye disorder (such as diabetes)*
- ☐ *Family history of vision problems*
- ☐ *Special education referral / below benchmark reading assessment*
- ☐ *Other (specify):* _____

Consent and release of information authorization: *By my signature below, I authorize: (1) my student's eye care professional to send exam results to the school, (2) the designated vision point-person (DVPP) and the eye care professional to discuss eye exam results, and (3) for the designated vision point-person to notify the school of any specific vision problems and recommendations related to my student's specific vision needs. I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain an eye exam for my student.*

Parent/guardian signature:_____ ***Date:*** _____



Comprehensive eye exam results

To be completed by the eye care professional in accordance with UCA 53G-9-404

Student name:	**Date of birth:** **Grade:**
Parent/guardian:	**Phone/email:**
Eye care professional date of exam:	**Clinic name:**

1. Visual acuity results

- *Distance acuity WITHOUT correction:* Right eye: 20/_____ Left eye: 20/_____
- *Distance acuity WITH correction:* Right eye: 20/_____ Left eye: 20/_____
- *Near acuity WITHOUT correction:* Right eye: 20/_____ Left eye: 20/_____
- *Near acuity WITH correction:* Right eye: 20/_____ Left eye: 20/_____

2. Binocular vision and ocular health

- *Convergence:* ☐ *passed / normal* ☐ *concern noted* ☐ *not tested*
- *Ocular tracking / motility:* ☐ *passed / normal* ☐ *concern noted* ☐ *not tested*
- *Internal/external eye health:* ☐ *passed / normal* ☐ *concern noted:* _____

3. Diagnosis and treatment recommendations

☐ *No functional vision or ocular health problems identified upon exam.*
☐ *Amblyopia diagnosed or suspected*
☐ *Treatment recommended:* ☐ *Glasses prescribed* ☐ *Contact lenses prescribed* ☐ *Patching therapy*
Other treatment / diagnosis (specify): _____

Corrective lens wear recommendations for school:

☐ *Constant wear (To be worn at all times during the school day)*
☐ *Near work only (Reading, classroom writing, desk activities, computer/tablet use)*
☐ *Distance work only (Seeing the board, assemblies, athletic activities)*
☐ *Remove for physical education (PE) or sports (Safety or contact risk protection precautions)*

4. School recommendations

☐ *Preferential classroom seating (e.g., placement close to front instruction boards)*
☐ *Large print materials or high-contrast reading text surfaces*
☐ *Structured visual rest breaks during prolonged near-work or screen tasks*
☐ *Color vision adjustments required*
☐ *Significant vision impairment exists- I recommend referral for a functional vision assessment from a teacher of the visually impaired, either through the local education agency or the Utah Schools for the Deaf and Blind.*

5. Additional notes or recommendations: _____

_____

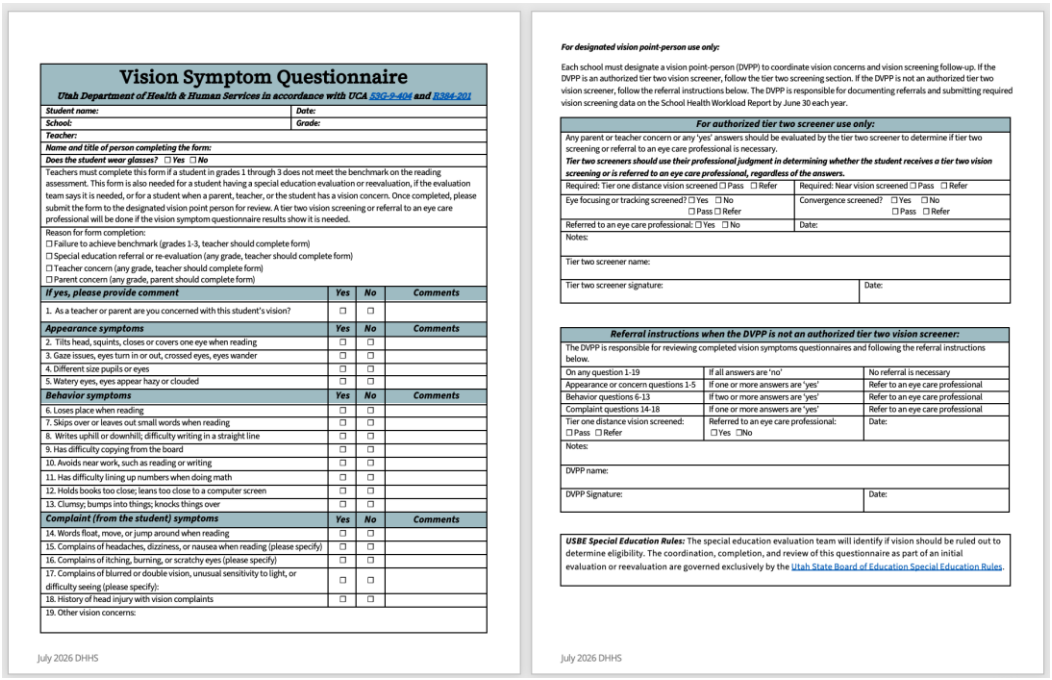
Recommended return visit / Re-evaluation date: _____

Eye care professional contact information and signature

Provider name:	**Credentials:**
Clinic address:	
Clinic phone:	**Clinic fax:**
Provider signature:	**Date:**

Referral form- To be filled out with information on the reason for referral. This information is for the parents, and will be passed on to the eye care provider when brought to the appointment.

Comprehensive eye exam- back page of the referral form, to be filled out by the eye care professional and returned to school with results and recommendations



Vision Symptom Questionnaire

Utah Department of Health & Human Services in accordance with UCA 53G-9-404 and R384-201

Student name:	**Date:**
School:	**Grade:**
Teacher:	
Name and title of person completing the form:	
Does the student wear glasses? ☐ ***Yes*** ☐ ***No***	

Teachers must complete this form if a student in grades 1 through 3 does not meet the benchmark on the reading assessment. This form is also needed for a student having a special education evaluation or reevaluation, if the evaluation team says it is needed, or for a student when a parent, teacher, or the student has a vision concern. Once completed, please submit the form to the designated vision point person for review. A tier two vision screening or referral to an eye care professional will be done if the vision symptom questionnaire results show it is needed.

Reason for form completion:
☐ Failure to achieve benchmark (grades 1-3, teacher should complete form)
☐ Special education referral or re-evaluation (any grade, teacher should complete form)
☐ Teacher concern (any grade, teacher should complete form)
☐ Parent concern (any grade, parent should complete form)

If yes, please provide comment	***Yes***	***No***	***Comments***
1. As a teacher or parent are you concerned with this student's vision?	☐	☐	
Appearance symptoms	***Yes***	***No***	***Comments***
2. Tilts head, squints, closes or covers one eye when reading	☐	☐	
3. Gaze issues, eyes turn in or out, crossed eyes, eyes wander	☐	☐	
4. Different size pupils or eyes	☐	☐	
5. Watery eyes, eyes appear hazy or clouded	☐	☐	
Behavior symptoms	***Yes***	***No***	***Comments***
6. Loses place when reading	☐	☐	
7. Skips over or leaves out small words when reading	☐	☐	
8. Writes uphill or downhill; difficulty writing in a straight line	☐	☐	
9. Has difficulty copying from the board	☐	☐	
10. Avoids near work, such as reading or writing	☐	☐	
11. Has difficulty lining up numbers when doing math	☐	☐	
12. Holds books too close; leans too close to a computer screen	☐	☐	
13. Clumsy; bumps into things; knocks things over	☐	☐	
Complaint (from the student) symptoms	***Yes***	***No***	***Comments***
14. Words float, move, or jump around when reading	☐	☐	
15. Complains of headaches, dizziness, or nausea when reading (please specify)	☐	☐	
16. Complains of itching, burning, or scratchy eyes (please specify)	☐	☐	
17. Complains of blurred or double vision, unusual sensitivity to light, or difficulty seeing (please specify):	☐	☐	
18. History of head injury with vision complaints	☐	☐	
19. Other vision concerns:			

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For designated vision point-person use only:

Each school must designate a vision point-person (DVPP) to coordinate vision concerns and vision screening follow-up. If the DVPP is an authorized tier two vision screener, follow the tier two screening section. If the DVPP is not an authorized tier two vision screener, follow the referral instructions below. The DVPP is responsible for documenting referrals and submitting required vision screening data on the School Health Workload Report by June 30 each year.

For authorized tier two screener use only:	
Any parent or teacher concern or any 'yes' answers should be evaluated by the tier two screener to determine if tier two screening or referral to an eye care professional is necessary. ***Tier two screeners should use their professional judgment in determining whether the student receives a tier two vision screening or is referred to an eye care professional, regardless of the answers.***	
Required: Tier one distance vision screened ☐ Pass ☐ Refer	Required: Near vision screened ☐ Pass ☐ Refer
Eye focusing or tracking screened? ☐ Yes ☐ No ☐ Pass ☐ Refer	Convergence screened? ☐ Yes ☐ No ☐ Pass ☐ Refer
Referred to an eye care professional: ☐ Yes ☐ No	Date:
Notes:	
Tier two screener name:	
Tier two screener signature:	Date:

Referral instructions when the DVPP is not an authorized tier two vision screener:		
The DVPP is responsible for reviewing completed vision symptoms questionnaires and following the referral instructions below.		
On any question 1-19	If all answers are 'no'	No referral is necessary
Appearance or concern questions 1-5	If one or more answers are 'yes'	Refer to an eye care professional
Behavior questions 6-13	If two or more answers are 'yes'	Refer to an eye care professional
Complaint questions 14-18	If one or more answers are 'yes'	Refer to an eye care professional
Tier one distance vision screened: ☐ Pass ☐ Refer	Referred to an eye care professional: ☐ Yes ☐ No	Date:
Notes:		
DVPP name:		
DVPP Signature:		Date:

USBE Special Education Rules: The special education evaluation team will identify if vision should be ruled out to determine eligibility. The coordination, completion, and review of this questionnaire as part of an initial evaluation or reevaluation are governed exclusively by the Utah State Board of Education Special Education Rules.

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VSQ: Filled out by teacher based on the appearance, behavior, and complaints of the student and returned to DVPP.

Back of VSQ: DVPP will follow the instructions on the back of the form to determine next steps

Optional planning guidance

School-based vision clinics

School-based vision clinics are optional and may be used as one strategy to support follow-up care after a student does not pass vision screening. Clinics do not replace the required parent notification, referral, consent, documentation, or follow-up process.

School-based vision clinics may help students access timely eye care after they do not pass vision screening, especially when families have financial barriers. A professional eye exam can identify vision conditions that may need treatment. Earlier access to prescribed glasses or other care may also support a student's learning and access to instruction.

School-based vision clinics are optional and should follow LEA policy and procedures. A clinic does not replace the required referral and follow-up process. When a student does not pass vision screening, the LEA must provide parent or guardian notification and referral for further evaluation according to Utah vision screening requirements. Follow-up may include helping the family connect with a school-based clinic or another eye care provider.

Before planning a school-based vision clinic, LEAs and schools should consider the following:

- **LEA approval**
  - An LEA administrator should approve any vision clinic held on school property.
- **No endorsement of specific providers**
  - DHHS and the Utah School Nurses Association do not endorse any specific provider of professional vision care for school-based clinics. Schools may work with nonprofit organizations, local eye care professionals, businesses, or community partners based on local needs and LEA policy.
- **Screening and clinic roles**
  - Some organizations may be approved to provide school-based vision screenings after completing required state training and approval.
  - A school-based vision clinic is different from a screening event. A clinic may include a professional eye exam, prescription, glasses, or follow-up care.
- **Student eligibility and cost**
  - Schools should clarify who the clinic is intended to serve. Many clinics focus on students with financial need. Some providers may serve students with Medicaid, CHIP, private insurance, or no insurance. Some clinics may be free because of grants, donations, school foundation funds, or community partners.
- **Family communication, consent, and privacy**

- Schools should have a clear process for sending information to families and collecting required permission forms. Schools should get parent or guardian permission before sharing student information with a clinic provider or scheduling a student for clinic services. Schools should follow LEA procedures for privacy, student records, and sharing student information.

- **Payment expectations**
  - Schools should discuss costs with the clinic provider before the event. This includes whether families will be asked to pay anything, whether insurance may be billed, and whether services will be free to families.
- **School support needed**
  - Schools should ask the clinic provider what support is needed, such as space, tables, volunteers, interpreters, student flow, forms, or help returning glasses to students. LEA staff should follow local procedures when outside partners provide services on school property.
- **Timing after screening**
  - Many districts schedule a vision clinic 1 to 2 months after vision screening. This allows time to send referrals, follow up with families, collect permission forms, and plan clinic logistics.

Definitions

Accommodation – The eye's ability to focus on a close object.

Amblyopia or lazy eye – Reduced vision that happens when normal childhood vision does not develop correctly. It is a problem with how the brain and eye work together, rather than an eye that is not working hard enough. It occurs when the brain gets a clearer picture from one eye than the other. Common causes include misaligned eyes (strabismus) or a large difference in vision strength between the two eyes. It generally develops before the age of 6 and usually cannot be corrected with glasses or contact lenses alone, making early treatment vital to prevent permanent vision loss.

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.

Color vision – The ability to perceive color.

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

Conjunctivitis – Swelling or irritation of the thin tissue that covers the white part of the eye and inner eyelid.

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

Cornea – The clear front surface of the eye.

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.

Designated vision point person (DVPP) the school nurse; or if a local education agency (LEA) does not employ a school nurse, an individual designated by the LEA to coordinate the school vision screening program.

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 – Seeing 2 images of 1 object.

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.

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

Instrument-based screening device – A DHHS-approved device that checks for vision risk factors when a student cannot complete chart-based screening.

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) –causes distant objects to look blurry, but close objects look clearer.

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 nerve that carries visual information from the eye 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, examines eyes for disease and treats ocular disease as allowed by statute.

Optotypes – Letters or symbols on a vision screening chart.

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

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.

School Health Workload Report (SHWR) - An annual report LEAs submit to the state at the conclusion of each school year that includes school health data and the vision screening data collection numbers.

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

Screening certificate - means written documentation of a vision screening or comprehensive eye examination by a health care professional conducted within one year of a student entering a public school.

Strabismus – An eye misalignment caused by an eye muscle imbalance.

Tier one screener - means an authorized individual who meets the criteria to conduct a tier one screening for at the school. An individual may conduct tier one vision screening if that individual: has completed department-approved training; is working in coordination with a DVPP; and is a school nurse; is a health care professional; is a qualified outside entity; or is a trained school volunteer.

Tier two screener- means a school nurse or health care professional who has completed department-approved training to conduct a tier two vision screening at the school.

Vision Symptom Questionnaire (VSQ) means the questionnaire developed by the department to identify a student who may need a tier two vision screening or referral to an eye care professional based on vision-related symptoms or concerns.

Visual acuity – A measure of how clearly a person sees letters or symbols at a set distance.

References

Ahmed, A. A., Han, G., Collins, M. E., Lambert, J. O., Sibinga, E. M. S., Connor, K. A., Wilson, R. F., Gharibani, T., Bass, E. B., & Kim, J. M. (2026). Pediatric quality measures in vision screening and follow-up. *Pediatrics, 157*(6), e2025075336. https://doi.org/10.1542/peds.2025-075336

American Academy of Pediatrics, Section on Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology, & American Association of Certified Orthoptists. (2016). Visual system assessment in infants, children, and young adults by pediatricians. *Pediatrics, 137*(1), e20153596. https://doi.org/10.1542/peds.2015-3596

Colorado Department of Education. (2016). *Guidelines for vision screening programs: Kindergarten through grade 12* (2024 reaffirmed; links updated). https://www.cde.state.co.us/shs/visionscreeningk122016

Cotter, S. A., Cyert, L. A., Miller, J. M., Quinn, G. E., & National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science, 92*(1), 6–16. https://doi.org/10.1097/OPX.0000000000000429

Donahue, S. P., Baker, C. N., Committee on Practice and Ambulatory Medicine, Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, & American Academy of Ophthalmology. (2016). Procedures for the evaluation of the visual system by pediatricians. *Pediatrics, 137*(1), e20153597. https://doi.org/10.1542/peds.2015-3597

Fleming, R., Schantz, S., Kimel, L. S., Mazyck, D., & Murphy, M. K. (2016). *Principles for practice: Vision screening and follow-up*. National Association of School Nurses.

Google. (2026) Image National Association of School Nurses. (n.d.). *Vision and eye health*. Retrieved July 9, 2026, from https://www.nasn.org/nasn-resources/resources-by-topic/vision-health

National Center for Children's Vision and Eye Health at Prevent Blindness. (n.d.). *Children's vision screening*. Retrieved July 9, 2026, from https://nationalcenter.preventblindness.org/childrens-vision-screening

Pang, Y., Lyons, S. A., Nottingham Chaplin, P. K., Block, S. S., Fishman, D., Ciner, E. B., & Advisory Committee to the National Center for Children's Vision and Eye Health at Prevent Blindness. (2025). Recommended practices for vision screening in pre-school-age children: A 2025 update. *Optometry and Vision Science, 102*(10), 589–595. https://doi.org/10.1097/OPX.0000000000002290

Prevent Blindness. (2015). *Prevent Blindness position statement on school-aged vision screening and eye health programs*. https://preventblindness.org/wp-content/uploads/2011/06/Prevent-Blindness-Statements-on-School-aged-Vision-Screening-Approved-8-2015.pdf

Prevent Blindness. (2025, June). *Appropriate vision screening tool examples*. https://preventblindness.org/wp-content/uploads/2025/07/Appropriate-vision-screening-tool-examples-June-2025.pdf

Shannon, R. A., & Yonkaitis, C. F. (Eds.). (2025). *School nursing: A comprehensive text* (4th ed.). F. A. Davis Company.

Utah Admin. Code R384-201. (2026). *School vision screening*. https://adminrules.utah.gov/public/rule/R384-201/Current%20Rules

Utah Code Ann. § 53G-9-404. (2026). *Public education vision screening*. https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S404.html

Utah State Legislature. (2026). *H.B. 351: School vision screening amendments*. https://le.utah.gov/~2026/bills/static/HB0351.html