

## SCHOOL VISION EVALUATION Report Form

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

ADDITIONAL TESTS	Pass	Fail	Recommend Further Evaluation
Eye Alignment at Distance	_____	_____	_____
Eye Alignment at Near	_____	_____	_____
Depth Perception	_____	_____	_____
Color Vision	_____	_____	_____
Focusing Amount	_____	_____	_____
Focusing Flexibility	_____	_____	_____
Focusing Lag (Accuracy)	_____	_____	_____
Convergence (Crossing) Ability	_____	_____	_____
Saccade (Rapid) Eye Movement	_____	_____	_____
Pursuit (Tracking) Eye Movement	_____	_____	_____
Other: _____	_____	_____	_____

COMMENTS/RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*

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