

INDIANA SCHOOL NURSE MANUAL

A Practical Guide for Today's School Nurse

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SECTION 3: Vision

INDIANA DEPARTMENT OF EDUCATION VISION SCREENING GUIDELINES

THE FOLLOWING GUIDELINES ARE BASED ON INDIANA CODE 20-34-3-12

Vision screening means the testing of visual acuity to determine a student's ability to see at various distances – either ten or twenty feet for distance vision (depending on the calibration of the chart being used) and fourteen inches for near vision – using the Snellen Chart, Sloan Letters, HOTV, or LEA Symbol Optotypes.

The governing body of each school corporation shall annually conduct a visual acuity test to determine the visual acuity for both far and near vision of the following students enrolling in or transferring into:

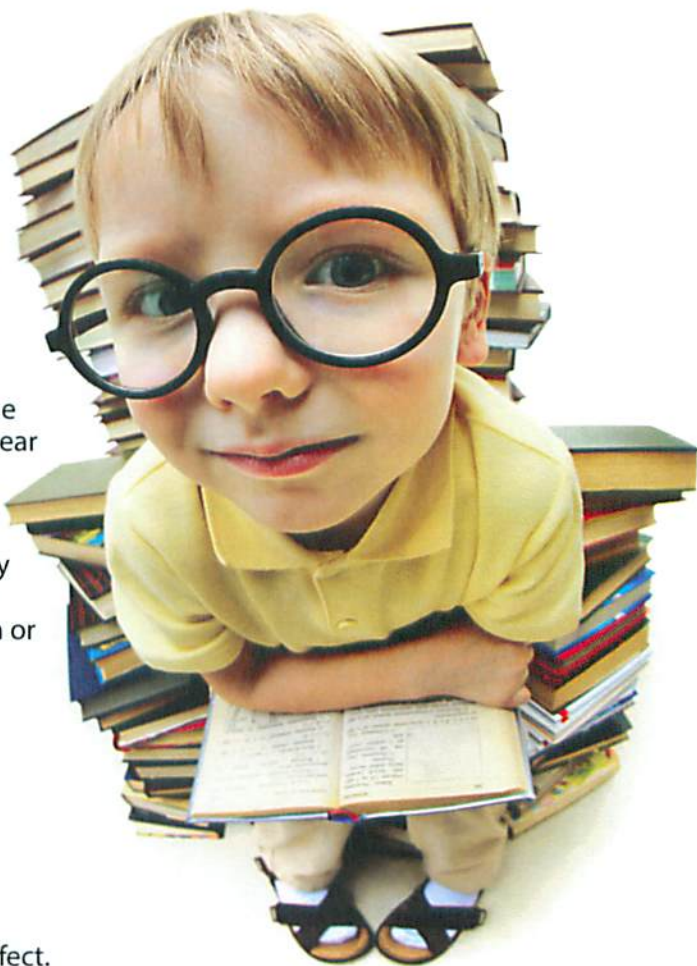
- (1) Either kindergarten or grade 1
- (2) Grade 3
- (3) Grade 5
- (4) Grade 8
- (5) Any student who is suspected of having a visual defect.

Additionally, schools with students in grades K or 1st, must also conduct a Modified Clinical Technique (MCT), vision screening that is performed by a licensed ophthalmologist or optometrist unless a waiver has been granted by the Indiana Department of Education. If an MCT waiver has been granted, schools are still responsible for conducting the visual acuity testing for near and far vision for students in either grades K or 1st. A waiver is required for each individual school as corporation wide waivers are not allowed.

A student who is unable to read with each eye the 20/30 line of the Snellen Chart or the 20/32 line of the Sloan Letters, HOTV, or LEA Symbol Optotypes shall be recommended for further examination by a licensed eye professional. A student must also be referred if they fail the MCT portion of the eye exam. The licensed provider who performs the MCT will indicate whether a student has passed or failed.

Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. Each school corporation shall annually provide information to the Indiana Department of Education regarding the vision screening results for each school within the school corporation by completing the School Health Report.

The purpose of a vision screening program is to identify students at risk for visual difficulties that may adversely affect their health or school performance. A well-balanced program will include screening, referral, and follow-up for failures.



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Vision - Part 1: PERSONNEL

- A. Each school should designate a school nurse to oversee the vision screening program.
- B. Responsibilities of screening personnel:
 - 1. Organizes, coordinates, and implements a systematic program for conducting the vision screening in the school.
 - 2. Keeps and maintains records, initiates referrals, develops follow-up (tracking/monitoring) procedures, and prepares/submits the School Health Report (electronic report) to the IDOE.
 - 3. Reports screening results to school personnel and parents.
 - 4. Becomes knowledgeable regarding vision testing technique and assures that all vision screening personnel involved are properly trained.

Vision - Part 2: EQUIPMENT

- A. Charts
 - 1. The Snellen Chart
 - 2. Sloan Letters Chart
 - 3. HOTV Chart
 - 4. LEA Symbols Optotypes Chart
 - 5. Near Vision Card

NOTE: As new technology advances are made, it is possible new methods of vision screening may provide more efficient and accurate results. If you are considering using technology and/or other methods not specifically outlined in I.C. 20-34-3-12 and 13, you should seek the advice and endorsement of your school physician or a local ophthalmologist before proceeding.

- 6. Pens for recording
- 7. Class list
- 8. Sign noting "Testing in Progress – Quiet Please"

9. Eye cover (occluder or other method for covering an eye)
10. Lamp

Vision - Part 3: VISION SCREENING ADMINISTRATION

A. Students to be screened:

1. It is mandated that vision screening be administered to all students in kindergarten or grade 1, and students in grades 3, 5, and 8.
2. All students enrolling in or transferring into any of the grades listed in (1) unless there is proof of a current vision screening.
3. Any student specifically referred due to suspicion of vision difficulty.

B. Students not to be screened:

1. Any student that has written documentation by an optometrist, ophthalmologist, or physician stating a known vision loss in both eyes does not need to be screened. If a student has a permanent unilateral vision loss (loss only in one eye), the non-affected eye should be screened. Appropriate school personnel must be notified of this child with vision loss.
2. No student should be required to submit to vision screening testing if written objection by the parent/guardian is submitted to the proper school authority.
3. Any student that is unable to be screened with traditional methods should be referred for follow-up testing.

C. Other factors to consider:

1. All students who missed the original screening date should be screened within 60 days (usually completed at the rescreening date).
2. All students who were referred the previous year should be re-screened if documentation from a licensed eye professional is not on file with the school.

D. Preparation for screening:

1. Completed by personnel designated in Part 1
 - a. Schedule vision screening program with school principal and personnel early in the school year. Inform staff and parents of upcoming screening for students in grades kindergarten or 1st, and grades 3, 5, and 8.
 - b. Have school personnel send names of students suspected of vision difficulties in non-mandated grade level to the testing personnel.
 - c. Arrange for a quiet room in the school away from locker areas, music rooms, cafeteria, noisy equipment, etc.
 - d. Arrange for testing personnel and volunteers.
 - e. Inform staff of your screening schedule.
 - f. The school must notify families regarding the vision screening. Parents are responsible for notifying the school in writing if their child has an exemption, such as religious beliefs.

- g. Secure daily class schedule for use by individuals conducting the vision screening testing.

Vision - Part 4: VISION SCREENING PROCEDURE

A. Grades: kindergarten or 1st grade, 3rd, 5th, and 8th grades, and those suspected of having a visual deficit (referral).

B. Equipment: Choice of charts:

1. The Snellen Chart
2. Sloan Letters
3. HOTV or LEA Symbol Optotypes (these two charts should be used only for those children under the age of 7 or in cases where the child may not know their letters or cannot respond to a letter chart)
4. Near Vision Card

Use at a distance of either ten (10) or twenty (20) feet for distance vision, depending on the calibration of the chart being used, and a distance of fourteen (14) inches for near vision.

Note: Self-illuminated charts are preferred over non-illuminated because self-illuminated equipment avoids yellowing, shadows are minimized, and the letters are well contrasted. However, clean, white wall charts with clear contrast between the letters and the background are also acceptable.

C. Procedure:

1. The room should be darkened, with no natural lighting, if self-illuminating charts are used. If non-illuminating charts are used, the room should be well-lit, preferably with subdued ambient room lighting and maximum natural lighting (sunlight). All glare must be eliminated from the chart.
2. If a child wears glasses or contact lenses, testing should be conducted with the prescription on. If they are supposed to wear glasses or contact lenses and the student does not have them on, a note should be made on the recording form.
3. Mount the wall chart at the child's eye level. Adjust the chart height for the size of the person being screened. A suggestion is to place Velcro on the wall and move the chart as needed.
4. Mark off 10 or 20 feet, whichever is appropriate for the chart. The line may be marked with masking tape or paper, so that the child will be the required distance from the chart.
5. Ask the child to position toes on the line or other floor marking. Do not allow the child to lean the torso or head forward.
6. Occlude left eye with an occluder, an index card, or disposable cup (ensuring that the student is not peeking with the covered eye) and test the right eye. Then reverse the procedure and test the left eye. Be consistent in testing the right eye first to avoid recording errors.
7. Instruct students to keep both eyes open and read the selected letter or line of letters with the uncovered eye. Point to the letters below the line or symbol. A paper cut out or pointer may be used to isolate a line of letters.

8. When testing, start with at least a 20/50 line on the Snellen Chart and move down to the 20/20 line. If the student is unable to read the 20/50 line, move upward.
 9. Record the results - record the line number for the last line read correctly with each eye.
 10. Refer all failures to the registered school nurse for re-screening (re-screening is not necessary if a registered school nurse has done the initial screening).
 11. For younger children: use the Tumbling E, HOTV, or LEA Symbols. These charts should not be used on children older than 7, if they know their letters and can respond to a letter chart.
- D. Standards: The following standards apply for a vision screening in kindergarten or 1st, 3rd, 5th, and 8th:

Table 1. Indiana Standards

Grade	Line	Chart
Either kindergarten or 1 st	20/30 = pass	Snellen Chart
Either kindergarten or 1 st	20/32 = pass	Sloan Letters, HOTV, or LEA Symbol Optotypes
3 rd , 5 th , and 8 th , or suspected of having a visual defect	20/30 = pass	Snellen Chart

Any student that is unable to read these standards with each eye will be recommended for further examination based on the recommendation of the individual performing the screening.

E. Referral Criteria:

For any students screened in **grades K-12**, each eye must meet the above criteria.

Students must read as least half of the letters on row 20/30 or 20/32 correctly in order to pass.

If students read less than half of the letters on row 20/30 or 20/32 correctly, they should be referred.

For students in **grades K or 1**, a referral must also be made if the student fails the MCT portion of the vision screening. Even if the student is able to read at a level of 20/30 or 20/32, but fails the MCT portion, this student should be referred to an eye professional.

F. Suggestions and Tips:

1. Show the child what is expected to be done:
 - a. Students should be encouraged to read down the chart as far as possible; making a guess is allowed. Tell the student "try and do your best and read as much of the chart as you can".
 - b. The student may point to a wooden block E, the letters H, O, V, T, or symbols to identify what is seen on the chart.
 - c. Demonstrate how to occlude the eye.
 - d. Test from the top of the chart (large letters or symbols first) down toward the bottom (smaller letters or symbols).

- e. Do not allow students to squint during the test.
- f. Present letters or symbols in reverse or inconsistent order between students.
- g. Do not allow children to stand directly behind the child performing the visual acuity test.
- h. Familiarize younger children with the letters or symbols prior to the screening.
- i. If using Tumbling E's instruct the student by saying: "This is an E - see which way the legs of the E are pointing." With younger children, have them use their arms to show which way the E is pointing. Be sure the young child understands "the E game" and can show you which direction the E is pointing. It may be helpful to ask teachers to practice with students in the classroom before screening day.
- j. Vision is recorded as a fraction. The top number (numerator) recorded refers to the number of feet from the eye chart, and the lower number (denominator) refers to the line on the chart the student is able to read.

G. Near Vision Cards are used to assess near visual acuity

- 1. Grades: Students in kindergarten or grade 1, 3, 5, and 8 as well as students enrolling or transferring into these grades.
- 2. Equipment: Near Vision Cards with Lea Symbols or Sloan Letters, occluders.
- 3. Procedure: Conduct the vision screening test with glasses if the student is wearing glasses.
 - a. Mount or hold the card at the appropriate distance from the face at eye level.
 - b. Test in a room that is well-lit. As the card is presented make sure it is free from shadows, glare, and yellowing.
 - c. Do not allow the child to lean the head or torso forward.
 - d. Occlude the left eye with the occluder, an index card, or cone shaped cup and test the right eye. Then reverse the procedure and test the left eye.
 - e. Direct the child's eye to the 20/70 line on the card/chart and move down the card.
 - f. Ask the child to name or read the letter or symbol on each line as directed. The criteria for referral and results outcome are listed in Table 1 above.
 - g. If the near card is calibrated for 16 inches, (as most are), the child still needs to read at least half of the 20/30 or 20/32 line to pass.

Vision - Part 5: SCREENING FOLLOW-UP PROCEDURES

- A. Parents/Guardians must be notified of a failure on the vision screening and instructed to contact a licensed eye professional or their healthcare provider about the results.
 - 1. A Referral Response Form (see example), which is to be completed by the appropriate health professional, should be returned to the school nurse.
 - 2. If no documentation is received from the parents/guardians, the child must be re-screened the following school year.
- B. Documentation of the vision screening results should be placed in the student's school record.
- C. Documentation of the vision screening must be maintained by each school.
 - 1. Records of all tests must be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students.

2. The school corporation's governing body and the superintendent must annually receive information concerning the vision tests conducted. Testing information should include the number of students tested per grade; the number of students by grade who were tested using the modified clinical technique; the number of students by grade who were tested using vision screenings; the number of students tested by grade who passed or failed the testing; the number of students tested by grade who were referred for further testing; and the name of the individual or departments that supervised the testing.
3. Each school corporation shall annually provide to the Indiana Department of Education, for each school within the school corporation, information concerning the tests conducted. Testing information must be submitted via the School Health Report and should include the information listed above in item 2, as well as those schools applying for an MCT waiver, the total number of students eligible for testing and the total number of students tested.

Vision - Part 6: RECORDS AND REPORTS

- A. A complete and continuing record of all vision tests shall be maintained by the school corporation. It is recommended that the school nurse include the results as part of each student's record.
 1. Each student's health record shall clearly indicate:
 - a. The date of the vision screening.
 - b. The results of the screening for each eye, either eye passed or failed on each test given.
 - c. Any pertinent referral and follow-up comments should be recorded.
 2. School vision screening reports should be made available to appropriate school personnel:
 - a. A record of the student's vision screening results should be part of the student's permanent file according to school policy.
 - b. A record of the school's vision screening results should also be kept by the school nurse.
 - c. Yearly reports shall be filed with the Indiana Department of Education, as part of the accreditation reporting process, by completing the School Health Report for each individual school.
 - d. Complete vision records should accompany transferring students according to school policy.
 - e. Vision screening records should be kept for the length of the student's enrollment.

Vision - Part 7: EDUCATIONAL NEEDS

- A. It is the responsibility of the school nurse to inform the appropriate school personnel of vision screening failures.
- B. If parent response is not received by the end of the school year, the child should be re-screened the following school year.

Note: If a student cannot be screened by following these guidelines, the school-appointed designee (optometrist, ophthalmologist, or school nurse) should be notified. This may include children who are frightened or crying, children with a developmental delay, or children with a language barrier. The school designee must follow up with parents to share any vision results obtained by the school and to see if previous testing has ruled out a vision loss or if further testing is warranted.

The school appointed designee must ensure the student's records are documented regarding the status

of the student's vision. If a vision loss is documented, the results should be shared with appropriate school personnel.

Vision Screening Sample Forms and Documents:

- [Sample Vision Screening Referral Letter \(PDF\)](#)
- [Sample Referral Response Form \(PDF\)](#)
- [Glossary \(PDF\)](#)

Vision Screening Resources:

<http://www.ioa.org/patient-resources/>

Children's Vision Screening Program

Referral Letter

Child's Name: _____ **Date:** _____

Parent/Guardian,

A recent vision screening indicates that our child may be experiencing some vision difficulty. Although these results are not a diagnosis and do not necessarily mean that glasses or treatment is needed, we urge you to make an appointment and take your child to an eye doctor of your choice to determine if there is a vision problem. Your child's vision screening indicated the following:

- ☐ **Child did not pass the distance vision test: Right: 20/ _____ Left: 20/ _____**
- ☐ **There was a two-line difference between the eyes: Right: 20/ _____ Left: 20/ _____**
- ☐ **A sign or symptom of a problem was observed: _____**
- ☐ **Child did not pass the near vision test: Binocular: 20/ _____**

Please give this form to the eye care professional when you take your child for an examination so they understand the reason for referral.

If you have any questions or concerns regarding this vision referral, please contact me at the number below.

School Nurse/ Screener

Telephone Number

Referral Response Form

Attending Doctor:

This child's vision was recently screened at school and a professional eye examination was recommended based on the results of the screening. Please complete this report form and ask that it be returned to the school nurse or school vision screener listed below.

Child's Name: _____

Date of Examination: _____

Diagnosis:

- ☐ Amblyopia
- ☐ Muscle Imbalance (specify) _____
- ☐ Refractive Error: Myopia _____ Hyperopia _____ Astigmatism _____
- ☐ Other (Specify) _____
- ☐ No Problem Detected

Treatment:

- ☐ Glasses Prescribed: Yes _____ NO _____ Full-Time _____ Part-Time _____

Comments: _____

- ☐ Other (Specify) _____
- ☐ Follow-Up Care Recommended _____

Examiner's Name: _____

Phone Number: _____

APPENDIX A: GLOSSARY

Alternate cover test - A traditional measure of ocular alignment in which first one eye and then the other is occluded in rapid succession: the occluded eye is observed for movement when the cover is removed, and the unoccluded eye is observed for movement while the other eye is under cover. The alternate cover test will detect both heterophoria and heterotropia and is the only measure of heterophoria possible in the school setting.

Amblyopia - An ocular condition in an otherwise healthy eye, in which there is an abnormality of cortical response in the occipital lobe of the brain due to insufficient or inadequate stimulation of the fovea, neural pathway, and cortex that may result in unilateral vision loss if untreated.

Astigmatism - A refractive error of the eye in which, with accommodation suspended, the refracting power of the eye is not uniform in all directions such as that incoming rays of light in a single eye do not come together to focus at a single point, but rather are focused at two or more points that usually results in blurred or partially blurred vision.

Binocularity - The characteristic of the eyes when binocular vision is intact. Used interchangeably with binocular vision and requires both ocular alignment and stereoacuity.

Color vision deficiency - A diminution or lessening of one of the three pigments in the color-sensitive cones of the retina that usually results in difficulty with saturation and brightness of colors rather than color or hue.

Conjunctivitis - An inflammation of the palpebral conjunctiva, the lining of the upper and lower eyelids, and occasionally the bulbar conjunctiva, the layer of the conjunctiva over the sclera.

Convergence/convergence reflex - The result of action of the extraocular muscles turning the eyes inward or medially-nasally to focus on an object near at hand; together with accommodation, one of two essential components of near vision.

Denominator - The number below the bar in the Sloan notation. The denominator indicates the smallest line on an acuity chart (near or distance) successfully read by an examinee, or the distance from the chart or focal object for successful reading of the optotypes by an individual with no refractive error.

Diplopia - Double vision or the perception of two images, one by each fovea, experienced when the eyes are intentionally crossed or out of alignment due to imbalance of the extraocular muscles.

Distance vision - The ability of the eye to see images clearly at a distance (often a great distance). The inability to see a distant object clearly is called myopia.

Esophoria - A type of heterophoria in which the eye deviates inward or nasally when covered, that is, when fusion is suspended.

Esotropia - A type of strabismus in which one or both eyes deviate inward toward the nose from a parallel axis of vision. Also called convergent strabismus.

Exophoria - A type of heterophoria in which the eye deviates outward or laterally when covered, that is, when fusion is suspended.

Exotropia - A type of strabismus in which one or both eyes deviate outward away from the nose from a parallel axis of vision. Also called divergent strabismus.

Fovea - The area of the retina made up entirely of cones at the center of the macula, responsible for the very keenest vision.

Fusion – The union of two single images, one from each eye, into a single three-dimensional image within the occipital cortex.

Heterophoria - A latent alignment disorder in which the eyes are not parallel during monocular vision, that is, when only one eye is seeing and binocularity and fusion are disrupted. Also referred to as phoria.

Heterotropia - A manifest alignment disorder, or strabismus, in which one or both eyes deviate from parallelism when attempting to focus on a target while both eyes are open. Also referred to as tropia.

Hypermetropia - A refractive error in which the light rays from an incoming visual image have not converged by the time they reach the retina. Used interchangeably with the term hyperopia. (Formerly called “farsightedness,” a sometimes confusing term no longer used.)

Hyperopia - A refractive error in which the light rays from an incoming visual image have not converged by the time they reach the retina. Used interchangeably with the term hypermetropia. (Formerly called “farsightedness,” a sometimes confusing term no longer used.)

Hypophoria - A type of heterophoria in which the eye deviates downward, when covered, while fusion is suspended.

Hypotropia - A type of strabismus in which one or both eyes deviate downward from a parallel axis of vision.

Legal blindness - Best-corrected central vision of 20/200 or less, and peripheral vision of 20 degrees or less.

Myopia - The most common of the refractive errors in which light rays from an incoming visual image converge before they reach the retina, or preretinally. (Formerly called “nearsightedness,” a confusing term no longer used.)

Near vision - The ability of the human eye to see objects with clarity at close range, also termed near point acuity or near acuity. Optimal near vision requires both accommodation and convergence.

Numerator - The number above the bar in the Sloan notation. The numerator indicates the distance the examinee is away from the chart.

Nystagmus - An involuntary, jerky movement of one or both eyes suggestive of primary ocular or systemic disease.

Occluder - An object that temporarily obstructs vision during vision screening or testing, preventing an eye from visualizing a focal target.

Ocular alignment - A positioning of both eyes by the extraocular muscles so they are targeting the same focal object simultaneously with the result that two images, one from each eye, fall on the respective foveae. The eyes are said to be orthotropic or parallel.

Ocular motility - The ability of the eyes to move together smoothly and fluidly, in all directions, at will.

Ocular tracking - The movement of the eyes together, at will, following a target in any direction. Also termed tracking.

Optotype - A focal image or target, very often letters or symbols on a chart, placed before the examinee's eyes and used to discern visual functioning.

Plus lens - A convex lens used in the diagnosis and treatment of hyperopia, which refracts light when placed in front of the eye.

Pseudoisochromatic plates - A test of color vision that is a saturation test and a measure of the purity of color, which works by detecting false perception of color.

Sensitivity - The ability of a screening test to correctly identify those who actually have a disease, health problem, or condition.

Serif – The short lines stemming from and at any angle to the upper and lower ends of a letter.

Sloan letters chart - A vision acuity chart named after ophthalmologist, Dr. Louise Sloan, composed of ten letters of the Roman alphabet intentionally selected, placed, and ordered on the chart. Sloan letters are sans (without) serif and employ uniform fonts in all charts, and for this reason are now the preferred charts.

Snellen chart - The most common and well known of the vision acuity charts, named after its nineteenth century developer, Dr. Hermann Snellen. A modern version presents nine letters of the Roman alphabet in a font with serifs. Many charts in use are erroneously called "Snellen charts." Snellen charts are no longer recommended because of the confusion with the discrimination of the serifs on the letters. (See Sloan chart)

Specificity - The ability of a test to correctly identify all those who do not have a disease, health problem or condition.

Stereopsis - Depth perception or three-dimensionality possible only when both eyes are in alignment and perceive the same image clearly.

Strabismus - A manifest deviation of one or both eyes from the visual axis of the other so they are not simultaneously directed to the same object. Also referred to as heterotropia or tropia.

Visual acuity - The state, condition, or effectiveness of central vision

Vision Testing of Young Children and Children with Special Needs

Young children and children with special needs require particular screening attention. They may have short attention spans, limited verbal expression and language skill, processing delays or difficulties, and possible fear of new situations and unfamiliar adults. When planning, organizing, and implementing a vision screening program for children in need of special care follow the recommendations and procedures for a regular testing.

Vision testing of young children with special needs should be conducted by using methods and equipment suitable for the child's developmental abilities. The following charts are listed in the order of ascending cognitive order:

- All symbol charts
- HOTV
- Tumbling or "Illiterate" E
- Number charts
- Letter charts

Prescreening activities may include the following:

- If using the Tumbling E, use an "E" shaped paper cut out to teach the positions of up, down, right, and left positions in the classroom. Ask the students to state the direction in which the legs are pointing.
- If using the HOTV or symbols, make up a card with enlarged images of those letters so that the student can point to the symbol they see, if verbal skills are limited.
- Have the parent/guardian and the teacher fill out the "ABC Checklist".
- It may be appropriate to set aside a time and setting away from the mass school screening so more time and attention can be provided to the student.

The McDowell Vision Screening Kit is a tool that can be used for testing very young or severely disabled students. This kit provides a functional assessment of distance, near, and color vision, and ocular alignment and ocular motility.

Implementation procedures, such as planning, referral, recording, and follow-up, for young children and special education students are done in the same manner as the regular vision test procedures outlined in these guidelines.

Vision recording or documentation on the Individual Education Plan (IEP).

- Record the vision tests in lay terms; i.e. distance, near, color, etc.
- Record actual numerical results when appropriate; i.e. right 20/20, left 20/80.
- Record date of the testing.
- Describe any barriers to testing or delays in acquiring a professional eye examination.
- Include any special vision recommendations for visual accommodations in the classroom setting.