|  |  |
| --- | --- |
| Section 1 - Details of child | |
| Child’s name |  |
| D.O.B |  |
| School |  |
| Date of test |  |



**Results of your child’s vision assessment**

We hope the following information is useful. We have used the information you gave us about your child and the results we obtained when testing their eyes, to describe their vision.

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| **Section 2 - Additional detail about the eye test** | |
| Who was present at the eye test? |  |
| What was already known about eyes and vision?  Did anyone have questions about eyes and vision? |  |
| **Section 3 – Summary: The child’s eyes and vision** | |
|  | |
| **Actions from today’s test:** | |
| Glasses needed  Modifications to classroom/ schoolwork needed    Statement of Educational Need should include  information about vision needs  Child is eligible for certification as visually impaired  GP Action required  Another specialist needs to see this child | |

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| **Section 4 – We tested to see if glasses are needed** |
| This was tested: Yes  No  This was difficult to assess today  We measured for **focusing accuracy**:  This was tested: Yes  No  This was difficult to assess today  **Details:.**  We gave a new prescription for glasses: Yes  No |

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| **Section 5 – Results of the vision tests we did today** |
| **Visual acuity:** describes how well a person sees black on white detail with glasses if needed. |
| We were able to measure visual acuity for looking at things:  in the distance  close up  both were difficult to test today |
| **Binocular vision and eye movements:** This is how well your child’s eyes work together |
| This was tested today: Yes  No  This was difficult to assess today  **Details:** |

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| **Visual Field:** This is how well your child can see things to the side of their central vision |
| This was tested today: Yes  No  This was difficult to assess today  **Details:** |
| **Contrast Sensitivity**: This is how well objects are seen against different backgrounds |
| This was tested today: Yes  No  This was difficult to assess today  **Details:** |
| **Evidence of Cerebral Visual Impairment (CVI):** This is when there are visual difficulties caused by problems in the brain rather than the eyes. |
| This was tested today: Yes  No  This was difficult to assess today  **Details:** |

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| **Section 6 – Results of the eye health check** |
| This was tested today: Yes  No  This was difficult to assess today  Does the child need to see another specialist about their eye health? Yes  No  **Details:** |

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| --- | --- | --- |
| **Section 7 – Technical details for other health professionals** | | |
| **Visual Acuity** | *[Include distance test used here]* |  |
| *[Include near test used here]* |  |
| **Refractive Error** | *[Include test used here]* |  |
| **Accommodative Function** | *[Include test used here]* |  |
| **Ocular Posture and Eye Movement** | *[Include test used here]* |  |
| **Contrast** | *[Include test used here]* |  |
| **Visual Field** | *[Include test used here]* |  |
| **Eye Health Exam** | *[Include test used here]* |  |
| **Stereopsis**  **Colour Vision**  **CVI** | *[Include test used here]* |  |
| *[Include test used here]* |  |
| *[Include test used here]* |  |
| **Section 8: Assessors** | | |
| Whom is this report from?  Name: Role:  Address:  Who is getting a copy of this report? | | |