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|  Section 1 - Details of child |
| Child’s name | **Ryan** |
| D.O.B | **Age 8 years** |
| School | **Forrest Primary** |
| Date of test | **30th May 2020** |

Enter practice/optometrist details here

**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? | **Classroom assistant present, parent unable to attend.** |
| What was already known about eyes and vision?Did anyone have questions about eyes and vision? | **Ryan has had glasses for some time. He wears them well for all tasks. He is known to have a problem with vision on his left side (previously noted by hospital eye service – now discharged. Sees own optometrist). School thinks he sees well. No vision concerns.** |
| **Section 3 – Summary: The child’s eyes and vision** |
| **Ryan worked hard today and cooperated well. He already wears glasses and we have updated them slightly as his old glasses were in poor condition.****With his glasses on Ryan has good vision for seeing detail at distance and near. He has a turn in his left eye which has been there a long time and doesn’t need any treatment.** **Ryan does not easily see objects to the left side of his central vision (hemianopia). This is linked to the weakness he has in his left arm and leg, it is a long-standing issue that can’t be treated but it is important and will impact significantly on how Ryan uses his vision. It should be considered in the classroom and at home to make sure Ryan doesn’t miss out on important information.** |
| **Actions from today’s test:** |
| Glasses needed Modifications to classroom/ schoolwork needed  Statement of Educational Need should include information about vision needs**Ryan’s lack of vision to his left side must be considered when choosing a seat for him in the classroom, at home at the dinner table or in the living room. He may find he can interact better with others and see what’s going on better if he sits with the teacher/rest of the class/TV/his family etc. on his right side.**Child is eligible for certification as visually impaired GP Action required Another specialist needs to see this child  **Ryan may be eligible for ‘sight impaired’ registration by an ophthalmologist (eye doctor) because he doesn’t see to the left hand side of central vision. Registration may give him access to additional help/benefits. We have asked his GP to arrange an appointment with the eye doctor. Ryan will also benefit from input in school from a Qualified Teacher of the Visually Impaired (QTVI) and we have asked for this to happen.** |

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| **Section 4 – We tested to see if glasses are needed** |
| This was tested: Yes [x]  No [ ]  This was difficult to assess today [ ] We measured for **focusing accuracy**:This was tested: Yes [x]  No [ ]  This was difficult to assess today [ ] **Details: Focussing is accurate.** We gave a new prescription for glasses: Yes [x]  No [ ]  **Details:**  **Ryan is short-sighted with astigmatism. He should wear his glasses all the time to ensure he has the best possible vision when looking both close up and far away.** **Ryan’s new prescription:****R -1.00/-0.50x180 L -2.00/-2.50x175** |

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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 [x]  close up [x]  both were difficult to test today [ ] **Technical details of vision tests R 0.25logMAR L 0.2logMAR @3m with glasses.** **Ryan sees well with his glasses on when things are straight ahead – far away and close up. All educational and play material should be easily seen with his glasses on if it is placed straight ahead or on his right side.** |
| **Binocular vision and eye movements:** This is how well your child’s eyes work together |
| This was tested today: Yes [x]  No [ ]  This was difficult to assess today [ ]  **Details:**   **Ryan’s left eye turns out. This is a long-standing eye turn (squint) and does not require action. Because both eyes have good vision, Ryan can use either eye to look at things, but mainly uses his right eye. He does not have 3D vision.** |

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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 [x]  No [ ]  This was difficult to assess today [ ] **Details: Ryan doesn’t see things very well when they are on his left hand side. This is linked to his left arm/leg weakness. It is a long-standing problem and should be considered when deciding where Ryan should sit in the classroom and at home (see Section 3). He sees things placed ahead of him, above him, below him and to his right side easily.** |
| **Contrast Sensitivity**: This is how well objects are seen against different backgrounds |
| This was tested today: Yes [ ]  No [x]  This was difficult to assess today [ ]  |
| **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 [x]  This was difficult to assess today [ ]  |

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| **Section 6 – Results of the eye health check** |
| This was tested today: Yes [x]  No [ ]  This was difficult to assess today [ ] Does the child need to see another specialist about their eye health? Yes [ ]  No [x]  **Details:**   **Both Ryan’s eyes appear healthy.**  |

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| **Section 7 – Technical details for other health professionals** |
| **Visual Acuity** | *Crowded Kay picture test at 3m.* | **R 0.25logMAR (6/9-) L 0.20logMAR (6/9) with current Rx** |
| *Single Kay picture test at near* | **Binoc 0.2logMAR (6/9)** |
| **Refractive Error** | *Without cycloplegia (good distance fixation)* | **R -1.00/-0.50x180 L -2.00/-2.50x175** **Current Rx:****R -0.75/-0.75x180 L-2.00/-2.50x175)** |
| **Accommodative Function** | *Dynamic ret* | **No significant lag with current Rx** |
| **Ocular Posture and Eye Movement** | *Cover test, ocular motility*  | **Moderate LXOT at distance and near (longstanding). Saccades and smooth pursuit accurate.** |
| **Contrast**  | *Cardiff contrast test* | **Not assessed** |
| **Visual Field** | *Gross confrontation* | **L hemianopia – noted previously by hospital eye service. Consistent with L sided body weakness. LXOT probably helps to extend L visual field.****No record of sight impaired certification despite hemianopia. Request GP referral to ophthalmology and QTVI assessment.** |
| **Eye Health Exam** | *Direct ophthalmoscopy* | **Pupils equal round and reactive to light and proximity, external eye healthy, media clear, C/D ratio 0.4, healthy NRR, vessels and fundi healthy as seen.** |
| **CVI** | *Dutton key questions* | **Score 1/5 – no evidence of CVI** |
| **Section 8: Assessors** |
| Whom is this report from? Name: Mr A Optom Role: OptometristAddress: Who is getting a copy of this report? Parents, Teacher, QTVI/Vision Support services, Educational Psychology, Occupational therapist, Paediatrician, Ophthalmology, Speech and language therapist, GP |