**GUIDANCE FOR PROFESSIONALS COMPLETING SeeAbility/ULSTER REPORTING FORM:**

The tables below provide support for clinicians completing reports on visual status. The report is designed primarily to be an accessible, meaningful document for parents and other key stakeholders, including teachers. It aims to summarize eye health, functional visual status and the actions generated following the visual assessment. In order to fulfill its brief for the reader, the summary information is up-front and the more technical information takes less precedence. This means that for the clinician filling in the report, a ‘back-to-front’ approach works best. It is probably preferable to complete Section 7 first. This section contains the technical details of the vision assessment and should provide other eye care professionals with the details needed to fully appraise the child’s visual status. However, these technical results are generally less important to parents than the actions and summary in Section 3. The details in Section 7 are then converted to language more meaningful to parents and other stakeholders in Sections 4, 5 and 6. Section 3 gives the over-arching messages to parents and other stakeholders and highlights the actions required or undertaken.

The visual functions explored in the visual assessment are taken function by function in the following tables. A ‘General Exemplar’ is also available.

**Section 4:**

**Refractive error**

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|  | Technical detail (section 7) | Results (section 4) | Summary (section 3) |
| Where retinoscopy was performed | Include detail of refractive error and how it was assessed  *e.g.*  *R +5.00*  *L +5.00/-1.00x90*  *Cycloplegic retinoscopy* | Choose appropriate response for type of refractive problem and when glasses are needed | Clear comment on whether glasses are need or not.  *e.g. Child needs glasses for full time wear.*  *e.g. No glasses are needed.*  *e.g. There is a difference in focus between right and left eyes and the glasses will balance this and help both eyes to work together.*  It may be appropriate to relate this information to acuity levels –  *e.g. Child is very long-sighted and needs to wear glasses all the time. Even with the glasses on, Child has reduced vision and modifications will need to be made to their school work and play material to make sure they can see it.* |
| Where retinoscopy was not performed | Brief reason why not done | Choose option saying test not done. | Explain, as appropriate that refractive error not assessed.  *e.g. we were not able to test whether Child needs glasses today but we will try again next time.* |

**Accommodation**

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|  | Technical detail (section 7) | Results (section 4) | Summary (section 3) |
| Where accommodation was normal | Give result and test used.  *e.g. dynamic retinoscopy: No lag with/without glasses @25cm* | Choose box ‘this is ok’ | Probably doesn’t need comment in summary. Save space for other issues that need to be addressed. |
| Where accommodation was not normal unaided | Give result and test used.  *e.g. dynamic retinoscopy: significant lag unaided @25cm* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child doesn’t focus well on close objects. We expect the glasses we are giving them to improve this.* | Depending on distance refractive error it may be useful to correct hyperopia with single vision glasses to see if this improves accommodative performance at near.  *e.g Child does not focus clearly on near objects. We have given glasses for full-time wear and will see if this helps.*  Where distance Rx does not warrant this approach, vision is severely impaired, other factors make spectacle wear inappropriate it may be more useful to increase size of near work to compensate for accommodative dysfunction. Give examples of appropriately sized print for near work based on acuity measures at near and accommodative result.  *e.g. Child does not focus accurately when looking at near objects. To make sure she can see educational/play material, please use the examples we have included of pictures/letters/PECS that should easily be seen at X cm.* |

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| Where accommodation was not normal through distance correction | Give result and test used.  *e.g. dynamic retinoscopy: Significant lag through full plus distance correction @25cm* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child does not focus accurately on near objects with her current glasses on. We will give her bifocal glasses which will give her clear focus for near and distant objects.* | Where full plus has been worn, bifocals may be an appropriate management solution.  *e.g. Child has problems focusing accurately. We have given Child new glasses (bifocals) for fulltime wear. These will help her see clearly at distance and near.*  Where full plus hasn’t been worn before, try full plus first.  Where AHP, eye movement anomalies or postural difficulties make bifocals challenging it may be better to use two separate pairs or to adapt environment rather than use optical correction.  *e.g. Child has problems focusing accurately on near objects. She would benefit from two separate pairs of glasses – one for looking at things further than 1m away and another for looking at objects closer than 1m. We have given a prescription for two pairs of glasses – these should be clearly marked so that she wears the right pair for what she is doing.*  *e.g. To make sure she can see educational/play material, please use the examples we have included of pictures/letters/PECS that should easily be seen at X cm.* |
| Where accommodation wasn’t measured | Note reason  *e.g. Child did not cooperate with dynamic retinoscopy* | Choose ‘no’ in response to ‘Did we measure focusing accuracy?’ | May not need comment in summary. Could mention that will try and complete this test at next visit. If dynamic retinoscopy not possible, likely other tests will also have had poor cooperation. |

**Section 5:**

**Vision and visual acuity**

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|  | Technical detail (section 7) | Results (section 5) | Summary (section 3) |
| Where vision/visual acuity was normal for age.  NB – should there be some flexibility in this for children with severe and profound impairments? | Full details including test used, distance tested at and whether gls worn/not.  *e.g. Crowded Kay picture test: 0.1 logMAR at 3m R&L with/without glasses*  *Crowded near Kay picture test: 0.0 logMAR at 40cm binocularly with/without glasses* | The vision results were  *e.g. With/without glasses*  *Distance vision: R 0.1 logMAR*  *L 0.1 logMAR*  *Near vision:*  *Both eyes 0.1 logMAR*  Choose box for ‘it is ok with/without glasses’ | *Child has good vision with/without glasses and should be able to see all school and play material appropriate for his age and developmental ability.* |
| Where vision/visual acuity was not normal for age. | Full details including test used, distance tested at and whether gls worn/not.  *e.g. Crowded Kay picture test: 0.5 logMAR at 3m R&L with/without glasses*  *Crowded near Kay picture test: 0.75 logMAR at 40cm binocularly with/without glasses.* | The vision results were  *e.g. With/without glasses*  *Distance vision: R&L 0.5logMAR Near vision:*  *Binocular 0.7 logMAR*  Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child’s vision is reduced/moderately reduced/severely reduced compared to other children his age\*.*  Choose ‘we have included examples that this child should easily see’ | Where vision is useful, but reduced there are many considerations -  What are the other visual function results?  Will glasses help?  Is there also a contrast issue?  Does school/play material need to be larger?  Does child need to get closer to smartboard/TV?  Examples of pictures/letters/PECs should be included?  Is education/play material already large/bold enough because of underlying intellectual and physical impairments?  Is Certification of Visual Impairment appropriate?  *e.g. Child wears his glasses well but even with his glasses on his vision is reduced compared to other children his age. School/play material needs to be bigger for him to easily see it. We have included examples of the size of letter/picture/PECs that he can easily see at different distances as a guide for you. A soft dark pencil (8B) or a black marker pen may help Child write/draw more successfully.*  *e.g. Child’s vision is reduced compared to other children his age. Wearing glasses will not improve this so Child needs to get closer to things, or they need to be made larger for him to see them as well as his peers. A rule of thumb for someone with his level of vision is that objects need to be 3x larger or he needs to be 3x closer to them to see them as well as someone with ‘normal’ vision. So school/play material may need to be made bigger for him to easily see it. We have included examples of the size of letter/picture/PECs that he can easily see at different distances as a guide for you. A soft dark pencil (8B) or a black marker pen may help Child write/draw more successfully.*  NB 3x larger or 3x closer for a child with 0.5logMAR (6/18) level of vision. For other visual acuities modify appropriately, e.g. 0.3logMAR (6/12) = 2x larger, 2x closer. However, as acuity drops it may be less appropriate e.g. for 1.0logMAR (6/60) it sounds rather alarming to say 10x larger or 10x closer and the printed examples may suffice.  *e.g. Child has reduced vision compared with other children his age. However, the education and play material appropriate for him is likely to be large and bold enough for him to see easily without any modifications. He is eligible for Certification as Sight Impaired. This may be useful and we have asked for his eye doctor to consider this.* |

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| Where it was not possible to measure vision/visual acuity due to behavioural issues but observation and report suggest good vision | Note why it was difficult  *e.g. no formal assessment of vision possible. Avoided visual targets. Vision appears good by history, behavior and observation*  *e.g. no formal assessment of vision possible. Refused to participate. Vision appears good by history, behavior and observation*  *e.g. no interest in vision tests today - vision appears good by history, behavior and observation* | The vision results were:  *e.g. Child was not able to cooperate with vision testing today but from what his teachers/parents have told us and from observing his behavior today he seems to have good vision*  *e.g. Child was not interested in our vision tests but from what his teachers/parents have told us and from observing his behavior today he seems to have good vision.*  Choose ‘this was difficult to assess today’ | *e.g. Child was not able to cooperate with vision testing today his teachers/parents have told us and from observing his behavior today he seems to have good vision*  *e.g. Child was not interested in our vision tests but from what his teachers/parents have told us and from observing his behavior today he seems to have good vision* |

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| Where it was not possible to measure formally measure vision/visual acuity because visual interest lacking and/or v poor visual responses | If appropriate, give detail on any informal assessment/observations  *e.g. No formal measure of vision possible – inconsistent response to large (20cm diam) red ball held 10cm from eyes. Consistently follows slowly moving torch across central vision. Blinks in response to objects brought close to eyes. Demonstrates perception of light and inconsistent gross form perception today.* | The vision results were:  *e.g. Child did not respond to formal measures of vision today.*  *Or e.g. Child has very limited vision and formal measures of vision are not appropriate.*  Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. From observation and report Child’s vision appears very limited. Responds to light and dark, but not consistently to large objects.* | Make clear comment on limitation of vision in relation to educational methods. Education using vision or not? Consider consistency of response. Is Certification of Visual Impairment appropriate?  *e.g. From observing Child’s behaviour and from what her teachers/parents tell us her vision appears to be severely limited.*  *She mainly uses sound and touch to understand what is around her. Education should mainly centre on non-visual methods of communication, learning and interaction.* |

NB where possible use age appropriate values to determine normality of vision. Some element of patient’s underlying cognitive and physical impairments may impact on how these results are described. Maybe for some children a more comprehensive multi-disciplinary approach should be advocated? It is hoped that this would be available early in life and therefore might not be needed at school vision testing stage.

\* Use SSI and SI categories for guidance on reduced/moderately reduced/severely reduced here?

**Binocular vision**

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|  | Technical detail (section 7) | Results (section 5) | Summary (section 3) |
| Where there is a long-standing binocular vision or eye movement deficit that doesn’t require action and/or doesn’t affect function | Give full details of cover test dist/near and with/without glasses as appropriate. Also ocular motility and eye movement details. | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child has an inward turn (strabismus/squint) in her right eye. This has been present for a long time and is nothing to worry about. It means that she uses her left eye when looking at things and doesn’t have 3D vision.* | *e.g. Child has a long-standing inward turn (squint) in her right eye which means she mainly uses her left eye to see and does not have 3D vision.* |
| Where there is an eye movement problem that does affect function | Give full details of cover test dist/near and with/without glasses as appropriate. Also ocular motility and eye movement details. Any Abnormal Head Posture? Nystagmus? etc  *e.g. Ocular motor apraxia. Uses head thrusts to initiate horizontal saccades. Lateral pursuit impaired, but vertical and convergence eye movements appear smooth. No manifest strabismus in primary gaze.* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child has a significant eye movement problem. He cannot easily move his eyes from side to side, but is good at moving them up and down.* | Appropriate advice in meaningful language depending on the difficulty and the child’s needs.  *e.g. Child’s eye movement difficulties significantly affect his ability to use his eyes and vision. Educational and play material should be positioned directly ahead of him. Don’t expect him to be able to find objects placed to the side. PECs should be arranged vertically infront of him – not spread horizontally.* |
| Where there is a new or treatable binocular vision problem | Give full details of cover test dist/near and with/without glasses as appropriate. Also ocular motility and eye movement details. Any Abnormal Head Posture? Nystagmus? etc  *e.g. unaided mod L esot to target at near* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child’s left eye turns in when looking at near objects. We will give him glasses to see if this helps get rid of this problem.* | State treatment given and/or referral requirement and explain why.    If referral is required this must be noted in Section 7 and ‘GP action required’ and/or ‘Another specialist needs to see this child’ selected in Section 4.  *e.g. Child’s left eye has recently started to turn in. We have given glasses to see if this helps and will review in X months.* |

**Visual Fields**

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|  | Technical detail (section 7) | Results (section 5) | Summary (section 3) |
| Reduced visual field | Give details of test used and result found.  *e.g. Gross confrontation demonstrates neglect of right visual field* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child does not respond to objects to the right side of his vision.* | Appropriate advice in meaningful language depending on the difficulty and the child’s needs.  *e.g. Child does not see objects on his right hand side without moving his head. This must be considered when feeding/positioning education and play items/positioning him in the classroom etc. This finding is common in children with a history of cerebral palsy and ties in with the weakness he has in his right arm and leg.* |

**Contrast sensitivity**

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|  | Technical detail (section 7) | Results (section 5) | Summary (section 3) |
| Contrast sensitivity lower than expected for age | Give details of test used, result found and relation with age norms.  *e.g. Binoc 12.5 (8% contrast) – reduced for age with Cardiff contrast test* | Choose ‘there is a problem’ and clarify the issue in the box below.  *e.g. Child has poorer low contrast vision than expected for age.* | Appropriate advice in meaningful language depending on the difficulty and the child’s needs.  *e.g. Child’s low contrast vision is not good. She has difficulty seeing things if they are similar colour or shade to the background. Good lighting will help.*  *Reading and writing materials/PECs need to be simple, preferably black on white. Child should use a soft, dark pencil (8B) or black marker pen to write/draw.*  *Plain, strong coloured toys/plates/games on unpatterned pale backgrounds will be more visible.* |

**Evidence of CVI**

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|  | Technical detail (section 7) | Results (section 5) | Summary (section 3) |
| Key question score more highlights potential CVI | Give score in technical section.  *e.g. Score on key questions: 4/5 positive for CVI. Potential CVI problem - needs further investigation.* | Choose ‘yes’ | Tick box for ‘another specialist needs to see this child’ and in box below ‘*Evidence of CVI from scoping questions. It would be valuable for Child to receive additional QTVI assessment.*’ |