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|  Section 1 - Details of child |
| Child’s name | **Daniel** |
| D.O.B | **Age 7 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? | **Daniel has been registered as Severely Sight Impaired and is under the care of the local ophthalmologist. He receives yearly recalls to this service. Electrophysiology has been done. Vision known to be very poor, but teacher feels he is aware of movement.** |
| **Section 3 – Summary: The child’s eyes and vision** |
| **Daniel has a long-standing severe visual impairment and is registered severely sight impaired. He sometimes responds to light and dark, but not to shapes or details. Daniel mainly uses sound and touch to understand the world around him. Education and recreation should be centred on non-visual methods of learning and interaction.** **Daniel does not need to wear glasses and apart from the pale nerves at the back of his eyes - related to his visual impairment - his eyes appear healthy.** |
| **Actions from today’s test:** |
| Glasses needed Modifications to classroom/ schoolwork needed  Statement of Educational Need should include information about vision needs**Daniel’s education needs to be centred on non-visual methods of communication, learning and interaction.**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 [x]  No [ ]  This was difficult to assess today [ ] We measured for **focusing accuracy**:This was tested: Yes [ ]  No [x]  This was difficult to assess today [ ] **Details: Daniel’s vision is too poor to measure focusing reliably** We gave a new prescription for glasses: Yes [ ]  No [x]  **Details:**  **Daniel does not require glasses at this time.**  |

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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 [x] **Details: Daniel has very limited vision and formal measures of vision are not appropriate. Daniel has extremely limited vision. He sometimes responds to light and dark, but we do not think he consistently sees shapes and detail.** |
| **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:**   **Daniel does not have a turn or squint in either eye.**  |

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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 [x]  This was difficult to assess today [ ]  |
| **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 Visual Processing difficulties:** This is when there are visual difficulties caused by problems interpreting visual information 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:**   **The nerves carrying visual information from Daniel’s eyes to his brain are very pale. This tells us they are not working properly and information about vision is not getting to Daniel’s brain. This is not a new problem, it has been noted before by Daniel’s eye doctors and does not require action. Apart from this problem, Daniel’s eyes were healthy today.** |

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| **Section 7 – Technical details for other health professionals** |
| **Visual Acuity** | *Distance* | **No formal measure of vision possible. No response to large bold objects held close to eyes. Doesn't consistently fix and follow a light, even at close distance with slow presentation but teachers feel he sees light/dark and pupils respond to light. Suggests vision limited to light perception/gross form perception at best. +ve dolls head response.** |
| **Refractive Error** | *Without cycloplegia* | **R +1.50/-2.00x170 L +1.50/-2.00x10** |
| **Accommodative Function** | *Dynamic ret* | **Variable focus, limited fixation** |
| **Ocular Posture and Eye Movement** | *Cover test, ocular motility*  | **No manifest nystagmus or strabismus. Doesn’t fix or follow.** |
| **Contrast**  | *Cardiff contrast test* | **Not assessed** |
| **Visual Field** | *Gross confrontation* | **Not assessed** |
| **Eye Health Exam** | *Direct ophthalmoscopy* | **Pupils equally round and reactive to light, but not to near target. No RAPD.****Media clear and external eye healthy R and L; Fundi look healthy R and L; Optic discs pale and atrophic R and L** |
| **Visual Processing** | *Dutton key questions* | **Not attempted**  |
| **Section 8: Assessors** |
| Who 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 |