Protocol #3
District 50 Lions Dual Modality
Vision Screening
Volunteer Assignment Info Sheet

Vision Screener Team (VST) Station:

(Vision Screener Team (VST}= 3 - 5 Spot or S12C screener), TC #1 Traffic Controllers)

Materials needed for Vision Screener Team Station:
- 2-4 autorefractors.(machine operator record results on student form)
- Table and 1 chair for each machine operator (one chair for machine operator/one chair for student)
- 1 Clipboard and writing tool for each recorder at VA wall chart station
- 1 recorder for each wall chart recorder
- Blue painter's tape (for VA wall chart station's use)
- Bottle of hand sanitizer or gloves for each person at VA wall chart station

TC #1-Traffic controller for directing student to machines:
- **Check to make sure student has parent signature on the form. If not, check with school personnel or Screening Coordinator**
- Check student forms. Be sure their names, grades, room numbers are legible. Ask students if they wear glasses and have them. if they forgot it in the classroom, ask if they if they could go back to class to get them?
- Direct student from entrance to an open Spot/Plusoptix station

VST #1 - #4-Photoscreener/Autorefractor Team Station responsibilities (Screener also records results):

(See below. This is the section on the student form.)

Photoscreener/Autorefractor Results

☐ You **Passed** the Photoscreener Test

(Affix referral label here)

Eye Chart Visual Acuity (VA) Results				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye				**UTT** ☐
Left eye				

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

☐ **UTT** = Unable to Test **(UTT for PreK is a refer)**

☐ **Wears Glasses** – Photoscreened with Glasses On

Use "/" mark for pass or "√" for UTT or Glasses

DO NOT MARK IN THE "SCREENING RESULTS" SECTION

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TC #2-Traffic Control for after student is done with **Photoscreener/Autorefractor** Team testing.

- Check to be sure student's form has been completed with either "pass", "UTT", and/or "Wears glasses" (if appropriate)
- If student is a **"refer"**, make sure they have a printed referral sticker on the form
- Send all students to the Eye Chart Visual Acuity station for testing

Vision AcuityTeam Station (VAT) responsibilities:

Materials needed:

Use Pointer to "start" each row
(If necessary briefly point to each letter)

- Visual acuity wall chart for each tester
- Wooden pointer with red tip for each tester

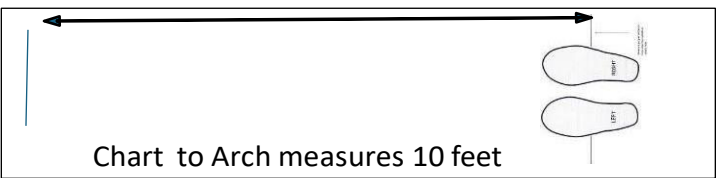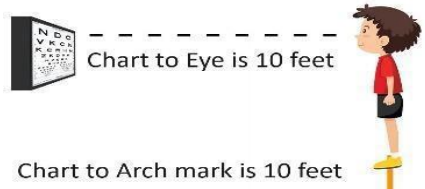OR, if child under 10 won't tolerate eye patch, use Occluder Glasses OR paddles

- Disposable eye patches (Ages 3 - 9 years)
- Black occluder (paddle or madi gras)
- Alcohol wipes for occluder
- 1 tester assistant volunteer for each tester
- 10 feet long string for each tester
- 4 feet long string for each tester
- 1 clipboard and writing tool for each recorder
- 1 tester and 1 recorder for each visual acuity wall chart
- 1 bottle hand sanitizer for each Vision Acuity Station

(Ages 10 +)

Children should be told to look straight ahead and not 'squint/squeeze' eyes, or turn head up, down, or sidewise.

Set-up for Vision Acuity Team (Wall Chart) Station: (VAT help set up)

Chart to Eye is 10 feet

Chart to Arch mark is 10 feet

Chart to Arch measures 10 feet

- Using blue painter's tape, tape vision acuity wall chart on the assigned wall area. The 20/32 line should be at the student's eye level.
- Uniform lighting is important Do not place chart next to a window that would allow light glare.
- Using 10ft. string (in marked plastic bag), set up the 10ft distance by measuring from the chart to where students should stand. Place a blue painter's tape at the 10ft mark. Place the footprint on the floor making sure the middle of the arch is on the blue line.
- For more than one vision acuity wall chart tester, be sure to have a distance of at least 4 - 6 ft apart.
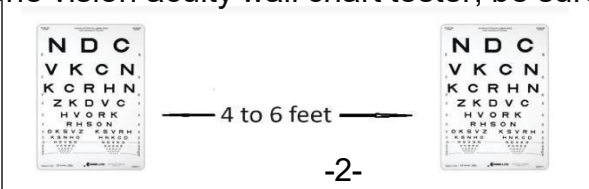
4 to 6 feet

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SEND ALL STUDENTS TO THE EYE CHART VISUAL ACUITY STATION
(If Pre-K is being screened, send them to the Exit. They are done.)

VISUAL ACUITY TEAM STATION (VAT)

VAT A #1- #7 Vision Acuity tester's assistant: (VAT Recorder will do this job if there aren't enough volunteers):

- Give student permission form to VAT recorder
- Have student stand on the footprint that should be 10ft from the chart
- If student is less than 10 yrs. give the student an eye patch. Instruct student to place patch over their left eye to test the right eye.
- After testing of the right eye is done, have student take off the eye patch and place it on their right eye to test left eye. (Be sure they cover the entire eye)
- If student is 10yrs or older, use the black or grey occluder. Be sure to wipe the black occluder with the wipes after each use.

VAT B-#1-#7-Vision Acuity Team wall chart tester:

- When testing, use the pointer with the red tip.
- Practice testing on the 20/50 line. Student can use both eyes for the Practice Test.
- Students are tested at the 20/32 line. Just point to the first letter in the line then say, "Next"
- Students use right eye to read letters on the right side of chart and left eye to read letters on left side of chart.
- **Point to the first letter on each row to start Test. Ask Child to call out all the letters. If necessary to point to following letters, only briefly hold the pointer and then remove.**

VAT-C #1 - #7 -Vision AcuityTeam Recorder: (See below. This section is on the student form.)

Eye Chart Visual Acuity (VA) Results

VA Age	3yr	4yr	5yr & up
Threshold	50	40	32
Right eye			
Left eye			

/ = Identified 3 or more symbols/letters – Pass
X = Identified less than 3 symbols/letter - Refer
UTT = Unable to Test - Refer

Glasses On ☐

UTT ☐

Initial here

UTT means the child does not understand or can not answer due to language or developmental barriers, not because they can not see.

- If you do not have an assistant volunteer to help, you will need to complete **VAT-A** assignment

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SAMPLE OF "PASS"

Eye Chart Visual Acuity (VA)				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			╱	UTT ☐
Left eye				

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

Mark with "/" if student passed:

- If student identifies 3 or more symbols/letters with the right eye, mark the "right eye" box under the 5 yr and older with a **"/"**.
- If student identifies 3 or more symbols/letters with the left eye, mark the "left eye" box under the 5 yr and older with a **"/"**.

SAMPLES OF "REFER"

Eye Chart Visual Acuity (VA)				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			╳	UTT ☐
Left eye				

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

Eye Chart Visual Acuity (VA)				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			╳	UTT ☐
Left eye			╳	

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

UTT with Eye Chart VA Test is a Referral

Mark "X" if student is refer:

- If student Identifies less than 3 symbols/letters on the line on either eye, mark the box under the 5 yr and older with an "X" in **the appropriate box.**

Then send the student to the **"Data Recorder Team"** Station with their form. It will be collected at the **"Data Recorder Station"** and the student will be given a reward.

==**"DATA RECORDER TEAM" (DRT) STATION"**==
IF THERE IS ONLY ONE PERSON ON DRT TO WORK ON THIS. PLEASE HELP EACH OTHER OR ASK FOR HELP.

DRT #1: **Data Recorder Team** (checking and collecting form/giving out reward):

- Collect form from student. Make sure all parts that needed to be completed are completed

- Give student a reward. Upon Coordinators request, you may just count the total rewards for all students. The teachers will give the rewards in their classroom.

DRT #2: Help with data on the top of the Data Summary Sheet

- Please help fill out the Data Summary sheet before students arrive for screening # of **Photoscreeners/autorefractors**, # of ==Visual Acuity== Chart, # of Lions volunteer, # of other volunteers.

- Please complete as soon as possible: Set Up time, Start testing, End testing, Total testing time, and time you finished Data Summary Sheet and clean up.

Sample of the top of the Data Summary Sheet, below:

Date:_____   School:_____   Grades: (circle) K   1   2   3   5   7   10

Set up:_____Start Testing:_____am/pm End Testng:_____Total Testing Time: _____

Finish:_____ # Tested = _____ # PhotoScreeners_____ # VA Charts_____

#Lions_____ #Other Volunteers _____

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DRT #2: Recording Screening Results

1. **Recording Screening Results on the Student Permission Forms, soon after student gives you their paper.**

SAMPLE OF "PASS"

Photoscreener/Autorefractor Results

☑ You **Passed** the Photoscreener Test

(Affix referral label here)

Eye Chart Visual Acuity (VA) Results				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			/	UTT ☐
Left eye			/	

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

Note: UTT for PreK, if tested, is a refer. Mark, "Your child should see an eye doctor.

- If the student "Passed" **both** the **Photoscreener/Autorefractor** and **Vision Acuity** Wall Chart mark "Your child Passed the Vision Screening".

☑ Your child Passed the Vision Screening.

☐ Your child should see an eye doctor. Please see the notice below.

SAMPLES OF "REFER"

Eye Chart Visual Acuity (VA)				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			X	UTT ☐
Left eye			X	

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

Eye Chart Visual Acuity (VA)				
VA Age	3yr	4yr	5yr & up	Glasses On ☐
Threshold	50	40	32	
Right eye			X	UTT ☐
Left eye			X	

/ = Identified 3 or more symbols/letters – **Pass**
X = Identified less than 3 symbols/letter - **Refer**
UTT = Unable to Test - **Refer**

- If the student has a **Photoscreener/Autorefractor** label or a refer mark for either or both eyes for the **Visual Acuity** results, mark "**Your child should see an eye doctor. Please see the notice below.**"

☐ Your child Passed the Vision Screening.

☑ Your child should see an eye doctor. Please see the notice below.

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Protocol #3
District 50 Lions Dual Modality
(Grades K, 1, 3, 5, 7, 10)
Vision Screening Data Summary

DRT#2: **FOR PRE-K (Ages 2, 3, 4) RECORDING:** (If Pre-K is tested with K,1,3,5,7,10)
(PreK is only tested with the Photoscreener and UTT is recorded as a "referred")
FOLLOW INSTRUCTIONS FOR PHOTOSCREENER/AUTOREFRACTOR
ONLY (SEE ABOVE #1- "Recording Results" section AND BELOW #1- "Complete Data Summary Sheet" section)

DRT #2: **Complete Data Summary Sheet:**

	Photoscreener/Autorefractor						Visual Acuity Chart					Total Refer	
Grade	Total Screened	Referred	UTT	Total Referred	% Referred		Referred	UTT	Total Referred	% Referred		Total Referred (Ph/A + VA)	% Referred
Pre-K													
1													
3													
5													
Total													

1. **For Photoscreener/Autorefractor Chart:**

   - **For "Total Screened" Column:**

     - Count total students screened in each grade level. Record total in the "Total Screened" column next to the appropriate grade level.

     - Next, add the total amount for all grades recorded. Record the total for all grades in the green box at the bottom of the "Total Screened" column

   - **For "Referred" Column:**

     - **Separate** forms with "refer sticker" on the **PhotoScreener /Autorefractor** side (left side of form), by grade level.

     - Record the total number "Referred" in the "Referred" and "Total Referred" column.

     - **Do not count the numbers in the "Referred" column again, even if it has a refer mark on the Visual Acuity side.**

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Protocol #3
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(Grades K, 1, 3, 5, 7, 10)
Vision Screening Data Summary

1. For Photoscreener/Autorefractor Chart (cont'd):

- **For "UTT" Column:**
  - Then record any **UTT**, by grade level, (**UTT does not count as Referred from the Photoscreener/Autorefractor Chart**).

- **For "% Referred" Column:**
  - To calculate the percentage for each grade level in the "Total Referred" box, divide the "Total Referred" number by the "Total Screened". (round to the nearest whole number)
  - Record the percentage in the appropriate "Total" green section at the bottom of the form.

| Grade | Photoscreener/Autorefractor | | | | | | Visual Acuity Chart | | | | | Total Refer | |
	Total Screened	Referred	UTT	Total Referred	% Referred		Referred	UTT	Total Referred	% Referred		Total Referred (Ph/A + VA)	% Referred
Pre-K													
1													
3													
5													
Total													

(PreK "UTT" is recorded as "Referred")

2. For "Visual Acuity" (VA) Chart: (yellow highlighted section) of the Data Summary Sheet. (see sample above).The instructions, below, are done the same way for each grade level.

- **For the "Referred" Column:**

  - Count the number of VA Chart "Referred" (either one or both eyes marked with "X") for each grade level and record the total in the appropriate grade level box under the "Referred" column.

  - Then count the number of **"UTT"** in each grade level. Record that number in the appropriate grade level box under the **"UTT"** column.

  - Next **add** the "Referred" and **"UTT"** for each grade level. Record the total in the "Total Referred" column.

  - Lastly, calculate the percent the same way as mentioned in the **Photoscreener/Autorefractor** Chart section.

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2. For "Visual Acuity" (VA) Chart (cont'd): (yellow highlighted section) of the Data Summary Sheet. (see sample on previous page).The instructions, below, are done the same way for each grade level

For "Total Refer" Chart:

- **For "Total Referred" Column:**

  - **Add** the **"Total Referred"** in the **Photoscreener/Autorefractor** and **Visual Acuity Chart.**

  - Record the total in the **"Total Referred"** Column in the **"Total Refer"** Chart. Complete this for each grade level.

  - Then calculate the percentage as previously done. Record in **"% Referred"** green box.

SAMPLE

Grade	Photoscreener/Autorefractor					Visual Acuity Chart				Total Refer	
	Total Screened	Referred	UTT	Total Referred	% Referred	Referred	UTT	Total Referred	% Referred	Total Referred (refer in at least one)	% Referred
K	100	10	1	10	10%	4	3	7	7%	17	17%
1	200	15	1	15	8%	5	5	10	5%	25	13%
3	100	20	1	20	20%	5	5	10	10%	30	30%
5	200	15	1	15	8%	10	3	13	7%	28	14%
Total	600	60	4	60	10%	24	16	40	4%	100	17%

UTT with Photoscreener is not a Referral   **UTT** with Chart VA Test is **Refer**

After all Vision Screening Data Summary form is completed:

- Separate forms by grade level .

- Then separate grade level by teachers.

- Place all **"Refer"** forms on the top of each teacher's class.

- After you've completed the above task, return forms to the Lions coordinator

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