

Section 500 – Students
Student Health and Well-Being
School Vision Evaluation Form

File: 508.01 – E1

A School Vision Evaluation is required for all children **within six months prior to entering** Nebraska schools for the first time *(includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska)* [Nebraska Revised Statute 79-214]

Name: _____ Date of Birth: _____

School: _____ Date: _____

Student Status (check one): _____ Beginner Grade _____ Transfer Student from Out of State

REQUIRED TESTS*	Pass	Fail	Recommend Further Evaluation <i>(Comments noted below)</i>
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
	Right eye @ distance (20 ft.):	20/____	aided/unaided
	Left eye @ distance (20 ft.):	20/____	aided/unaided
	Right eye @ near (16 in.):	20/____	aided/unaided
	Left eye @ near (16 in.):	20/____	aided/unaided

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.*

ADDITIONAL TESTS	Pass	Fail	Recommend Further Evaluation
Eye Alignment at Distance	_____	_____	_____
Eye Alignment at Near	_____	_____	_____
Depth Perception	_____	_____	_____
Color Vision	_____	_____	_____
Focusing Amount	_____	_____	_____
Focusing Flexibility	_____	_____	_____
Focusing Lag (Accuracy)	_____	_____	_____
Convergence (Crossing) Ability	_____	_____	_____
Saccade (Rapid) Eye Movement	_____	_____	_____
Pursuit (Tracking) Eye Movement	_____	_____	_____
Other: _____	_____	_____	_____

COMMENTS/RECOMMENDATIONS: _____

Evaluation performed by: _____ **Date:** _____

(signature)

____ O.D. ____ M.D. ____ P.A. ____ A.P.R.N.

Original—Doctor Copy #1—Parent Copy #2—School Nurse Copy #3—Placed in student’s permanent file

Nebraska Foundation for Children’s Vision (www.NEchildrensvision.org)