SCHOOL VISION EVALUATION

Report Form

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:		
			Recommend	
REQUIRED TESTS*	Pass	Fail	Further Evaluation (comments noted below	
Amblyopia		. ———	<u></u>	
Strabismus				
Internal Eye Health				
External Eye Health				
Visual Acuity				
	distance (20 ft.):	20/		
	istance (20 ft.):		_ aided/unaided	
Right eye @	` ,	20/		
Left eye @ n	ear (16 in.):	20/	_ aided/unaided	
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:(Signatu			D.D M.D P.A	A A.P.R.N.
Office Phone Number: (
I give permission for this form and the information	tion provided with	in to be si		w Public School
Parent Signature:			Date:	