## **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 Stature 79-214]

Name	Name Date of Birth									
School	School					Date				
Student Status (check o	one)	0	Beginı	ner Gra	ade	_	Out-of-State Transfer Student			
REQUIRED TESTS	Pass	Fail		ommer ed belo		ther Evaluatio	n( additional comments			
Amblyopia										
Strabismus										
Internal Eye Health										
External Eye Health							1			
Visual Activity	Right	eye @	distar	nce (20	ft.)	20/	aided / unaided			
	Left e	ye @ d	distance (20 ft.)		20/	aided / unaided				
			distance (16 ft.)		20/	aided / unaided				
				tance (16 ft.)		20/	aided / unaided			
							er Evaluation( additional			
	ADDITIONAL TESTS		Pass	Fail	com	nments noted below)				
	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:									
other.										
COMMENTS/RECOMMENDATIONS:										
Evaluation performed by (signature	luation performed by (signature):			Date:		Check One O.D M.D P.A A.P.R.N				