

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: _____

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	Did Not Test
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: _____ O. D. ___ M.D. ___ P.A. ___ A.P.R.N.
(signature)

Office Phone Number: (_____) _____ - _____ Date: _____