

REFERRAL CRITERIA CHART

Test For	Results	Rescreen By Nurse	Results/Action	Refer	Follow-up Plan if screening failed
Distance Vision	<ol style="list-style-type: none"> 1. Reads 20/30 line, O.U. 2. Fails initial screening 3. Reads 20/40, 20/30 4. Fails to read 20/30 5. Any two line difference 	<p>No</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<ol style="list-style-type: none"> 1. Regular screen schedule 2. Fails screening 3. Fails screening 4. Fails rescreening 5. Fails rescreening 	<p>No</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<ul style="list-style-type: none"> • See that care is obtained. • Rescreen student after care/ treatment has been obtained. • Monitor annually. • Discuss results and treatment plan with teacher(s).
Near Vision	<ol style="list-style-type: none"> 1. Reads line at normal acuity for age 2. Fails initial screening (includes any two line difference) 	<p>No</p> <p>Yes</p>	<ol style="list-style-type: none"> 1. Regular screening schedule 2. Fails rescreening 	<p>No</p> <p>Yes</p>	<ul style="list-style-type: none"> ▪ Same as above
Stereo Acuity	<ol style="list-style-type: none"> 1. Can identify symbol 2. Fails initial screening 3. Fails re-screen and muscle balance tests 	<p>No</p> <p>Yes</p> <p>No</p>	<ol style="list-style-type: none"> 1. Regular screen schedule 2. Pass muscle balance test 3. Get vision history 	<p>No</p> <p>No</p> <p>Yes</p>	<ul style="list-style-type: none"> ▪ Same as above or monitor if already under care
Color Vision	<ol style="list-style-type: none"> 1. Pass 2. Fails initial screening 	<p>No</p> <p>Yes</p>	<ol style="list-style-type: none"> 1. No further test necessary 2. If failed, get family history for color deficiency; inform student, parents, teacher 	<p>No</p> <p>Not unless other pathology suspected</p>	<ul style="list-style-type: none"> ▪ Discuss with parent/guardian or teacher. ▪ Re-screen if results are not considered reliable.
Ocular Alignment	<ol style="list-style-type: none"> 1. Pass 2. Fails initial screening 	<p>No</p> <p>Yes</p>	<ol style="list-style-type: none"> 1. Regular screen schedule 2. Fails rescreening, then get vision history and do stereopsis test 	<p>No</p> <p>Yes, unless previously under care</p>	<ul style="list-style-type: none"> • Obtain vision history. • See that further evaluation by eye care specialist is obtained. ▪ Monitor annually Discuss results and treatment plan with teacher(s).
Ocular Function	<ol style="list-style-type: none"> 1. Pass 2. Fail 	<p>No</p> <p>Yes</p>	<ol style="list-style-type: none"> 1. Regular screen schedule 2. Fails rescreen 	<p>Refer if no history of chronic physical or neurological condition that would explain abnormal results.</p>	<ul style="list-style-type: none"> ▪ Same as above.