

Vision Screening Schedule

The vision screening schedule is the recommended criteria for screening students ages birth to 21 years.

General Screening														Individual Screening		
Test	Elementary School							Mid. School				High School			Child Find, Special Education, Evaluation, Reevaluation, EPSDT/ Medicaid	New Student
	Pre	K	1	2	3	4	5	6	7	8	9	10	11	12		
							(once)				(once)					
Distance	X	X	X	X	X	X	X	*	*	X	*	X	*	*	X	#
Near	*	*		*	*	*	X	*	*	X	*	X	*	*	X	#
Stereoacuity	X	X	X	#	*	*	*	*	*	*	*	*	*	*	X	#
Color +		X													X	#
Ocular Alignment	X	X	X	X	X	X	X	*	*	X	*	X	*	*	X	#
Ocular Function	X	X	*	*	*	*	*	*	*	*	*	*	*	*	X	#
Ocular Health	X	X	*	*	*	*	*	*	*	*	*	*	*	*	X	#

Definition of Symbols:

x = Screen

* = Screen if symptomatic

= Screen if no previous vision records are available

+ = Color testing - Once during school career or annually until reliable results are obtained.