

# 508.01E1 School Vision Evaluation Forms

Friday, August 11, 2023

## 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	Recommend Further Evaluation (comments noted below)	Fail
• 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
	Further Evaluation	
• 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:

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Evaluation performed by: \_\_\_\_\_

Date: \_\_\_\_\_ (signature)

\_\_\_\_ O.D.

\_\_\_ M.D.

\_\_\_ P.A.

\_\_\_ A.P.R.N.

Original—Doctor Copy #1—Parent Copy #2—School Nurse Copy #3—Placed in student's permanent file

Nebraska Foundation for Children's Vision ([www.NEchildrensvision.org](http://www.NEchildrensvision.org))