



Annual Vision Health Program Evaluation Checklist

Evaluation Date: _____ Completed By: _____

Instructions: Review each component described below. Select the “Yes”, “No”, or other response that best describes your vision health program as it currently operates. Please note comments in the area indicated. Once you have responded to the questions in each of the components proceed to the “Vision Health System Action Plan” located on page 7 to identify areas for attention or improvement in your program.

1. Our program ensures that all parents/caregivers receive educational material, which respects cultural and literacy needs, about the importance of:
 - a. Good vision for their child now and in the future.
 - b. Scheduling and attending an eye exam when their child does not pass vision screening.
 - c. Increased risk for vision problems in defined high-risk populations.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have vision health information in <u>all</u> native languages of the families that we serve. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We discuss the importance of healthy vision as a part of proper child development in the general health information provided by our program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide parents with easy-to-understand* information on the visual milestones for children at all stages of life. <i>*Information is written at an appropriate reading level, provides graphics as well as descriptions, and has been tested for ease of understanding.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Our parent/and or health advisory committee(s) have reviewed our vision health information for, content, clarity of instruction, cultural literacy, and reading level (4 th to 6 th grade level.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide health information to parents of children with special healthcare needs that describe their increased risk for vision problems. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have active Parent and Health Advisory Committees |

Notes: _____

2. Our parent/caregiver written approval process for vision screening includes **permission** to:

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Share screening results with the child’s eye care provider and primary care provider. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Receive eye exam results for our program’s records. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Talk with the child’s eye care provider for clarification of eye exam results and prescribed treatments. |

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| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Share eye exam results with the child’s primary care provider. |
|--|---|

Notes: _____

3. We screen children’s vision with age-appropriate and evidence-based tools and procedures, including optotypes (pictures) and/or instruments.
 - a. Follow national referral and rescreening guidelines.
 - b. Include vision screening training for your staff that leads to state and/or national certification in evidence-based vision screening procedures.

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we use devices for instrument-based screening, the devices include software upgrades recommended by the National Center for Children’s Vision and Eye Health at Prevent Blindness. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we use devices, the referral criteria is set according to recommendations from the National Center for Children’s Vision and Eye Health at Prevent Blindness or our local eye care providers. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we use devices, we have an age-appropriate and evidence-based test of visual acuity as a backup (in the event that the device malfunctions, we forgot to charge the batteries, or we cannot achieve a reading.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we do optotype-based vision screening as a backup to instrument-based screening, we use an “eye chart” that meets national/international design guidelines for standardized eye charts, an approved optotype booklet, or a single, crowded LEA Symbols booklet or system. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we use an “eye chart” as a test of visual acuity for optotype-based screening, the eye chart meets national/international design guidelines for standardized eye charts. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We use appropriate occluders when screening the vision of our children with tests of visual acuity. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If an outside person or agency screens the vision of our children, we have a process to review tools used. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We follow national guidelines for when to rescreen children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We follow national guidelines for when to refer children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We follow the National Center for Children’s Vision and Eye Health at Prevent Blindness’ vision screening training program, we receive face-to-face training from our local Prevent Blindness affiliate program, or we participate in a state-approved training program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We ensure new staff members are formally trained within 3 months of employment, through the National Center for Children’s Vision and Eye Health at Prevent Blindness, our local Prevent Blindness affiliate program, or a state-approved training program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We “refresh” training every 3 to 5 years through the National Center for Children’s Vision and Eye Health at Prevent Blindness , our local Prevent Blindness affiliate |

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program, a state-approved training program, or according to our state guidelines

Notes: _____

4. Our program creates policies for screening, referral, and support for the visual health of children with special healthcare needs.

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We use guidelines from the National Center for Children’s Vision and Eye Health at Prevent Blindness for when to bypass vision screening and move directly to eye exam. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have a process to indicate in a child’s files that the child met national guidelines to bypass vision screening and move directly to eye exam. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have a professional relationship with a Teacher of the Visually Impaired (TVI) from the local school system to answer questions about how to support the visual health of our children with special healthcare needs. |

Notes: _____

5. We have standards in place for re-screening or referring difficult-to-screen (untestable) children.

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If a child will not participate in screening, we make another attempt as soon as possible, but within 6 months |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we are not successful with the first attempt at screening, we re-screen the child immediately using a different vision screening tool (test of visual acuity or an instrument) or at least within 6 months. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If a child is untestable on the 2 nd attempt, we refer the child for an eye exam performed by an optometrist or an ophthalmologist. |

Notes: _____

6. We provide parents/caregivers with vision screening results in easy-to-understand language, which respects cultural and literacy needs and provides clearly defined next steps.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision screening results are provided in <u>both</u> a written and verbal format to parents/caregivers. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide vision screening referral information and follow up to care information in |

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| | |
|--|---|
| | the native language of all families served by our program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Our vision screening referral information is written at a 4 th to 6 th grade reading level. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Our vision screening referral information has been reviewed and approved by our parent and health advisory committees. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The follow-up actions for families are clearly described and parents are advised to act within a specified timeframe*. <i>*For example, you may want to suggest that parents schedule an appointment within a week of referral because the time to receive a scheduled appointment could be as long as 3 months.</i> |

Notes: _____

7. We have created a system for following-up with parents/caregivers to help ensure that the eye exam occurs following a failed vision screening.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We conduct follow-up calls to families within a set time* after a vision screening referral. <i>*Suggested time for follow-up calls is within one month.</i> |
| | We provide electronic reminders (text or email) to families of referred children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We require a copy of a report from a primary care or eye care provider for all children referred from a vision screening. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide vision accommodations for children with a diagnosed vision problem. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide a parent peer-to-peer health support program to families that may need assistance overcoming barriers to health care (such as transportation, language, trusted care, adherence to treatment, emotional support, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have treatment plans for vision in place for children who have been prescribed care by an eye care provider. |

Notes: _____

8. We link parents/caregivers with resources for eye care and seek out eye care providers who specialize in the care and treatment of young children.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have an updated list of area eye care providers who serve children, and the list is given to families whose child has been referred for an eye exam (if families do not have an eye care provider they regularly see.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We provide families who may be underinsured or not have insurance coverage for an eye exam and/or glasses with access to programs for free or low cost vision services. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We create opportunities for local eye care providers to speak with all families we |

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| | |
|--|--|
| | serve about the importance of healthy vision in young children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We facilitate families' access to health insurance coverage for which their child may qualify (such as a state Medicaid program.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | We have an eye care professional (optometrist or ophthalmologist) with vision screening experience on our Health Advisory Committee. |

Notes: _____

9. We take steps to ensure receipt of eye exam results on all referred children for their file.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We use a reminder system to monitor child files to determine whether we received eye exam results from the eye care provider. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We use the reminder system to contact the eye care provider if eye exam results are not received within 1 month of the eye exam. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If eye exam results are not received within 1 month of the eye exam, we have a process to systematically request eye exam results. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If eye exam results are not received after 3 systematic contacts, we stop the process and indicate in child files that eye exam results could not be obtained. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If we see a pattern of challenges receiving eye exam results from specific eye care providers, we contact the eye care provider to brainstorm ways to make it easier to receive eye exam results. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We can report outcome data on completed referrals. |

Notes: _____

10. We help to keep the medical home informed by sending a copy of eye exam results to the child's primary care provider.

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have a system in place to send (mail, fax, e-mail) a copy of eye exam results to children's primary care providers. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We indicate in child files the date eye exam results went to children's primary care providers. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We indicate in child's file if we cannot obtain a copy of eye exam results to send to child's primary care provider. |

Notes: _____

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11. We have a process in place to ensure that the eye care treatment plan prescribed for a child is followed.

| Check Yes or No | Point of evaluation |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We contact a child's eye care provider if we do not understand the eye exam results or treatment plan. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We review vision treatment plans quarterly to help ensure parents schedule and attend upcoming eye care provider follow-up visits. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have a process for contacting the parent if a child does not wear prescribed glasses or a patch. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have a process for alerting a child's eye care provider if the child does not wear prescribed glasses or a patch. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We have resources to share with parents if their children refuse to wear prescribed glasses. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We conduct a sensitive child- and family-centered assessment to identify barriers to following the prescribed vision treatment plan. |

Notes: _____

12. We evaluate the effectiveness of our vision health program annually.

| Check Yes or No | Point of evaluation |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We compare screening results to eye exam outcomes to identify variations or needed revision in screening procedures. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We ensure that the certifications for all trained vision screeners are current. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We review all vision screening tools annually to ensure they are in good working order and any software or settings are updated before using them to screen vision of children |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We review our vision health program results annually with our parent and health advisory committees to identify needs and seek solutions for possible barriers to follow-up care. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | We report our end-of-year data to health, education, and community stakeholders. |

Notes: _____

Next: Proceed to the next page to create your action plan for your children's vision health system of care.



Our Children's Vision Health System Action Plan

Directions: Review your responses from the program evaluation form and the notes written for each item. In all areas where “no” was the response selected, or your notes indicate a need for improvement, establish the next steps your program will take to improve efforts in that area. Once all responses have been accounted for, establish your top three priorities out of your needed actions, a date to review progress, and a completion date.

Needed actions: _____

Priority #1: _____

Priority #2: _____

Priority #3: _____

Visit <http://nationalcenter.preventblindness.org/year-childrens-vision> for information and resources that will help you improve your vision health program.