



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SCHOOL FUNCTIONAL VISION ASSESSMENT FORM

IDENTIFYING INFORMATION		REASON FOR ASSESSMENT	
STUDENT NAME		<input type="checkbox"/> TEACHER REFERRAL <input type="checkbox"/> ROUTINE SCREENING	
GRADE		TODAYS DATE	
SCHOOL YEAR	REASON FOR FUNCTIONAL SCREENING		

OBSERVATIONS		
PUPILLARY REACTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIXATES ON 4" OBJECT AT 12-18 INCHES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIXATES ON 4" OBJECT AT 10 FEET	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONVERGES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SHIFTS GAZE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REACHES ON VISUAL CUE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TRACKS LIGHT HORIZONTALLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TRACKS LIGHT VERTICALLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TRACKS OBJECT HORIZONTALLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TRACKS OBJECT VERTICALLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PERIPHERAL AWARENESS		
RIGHT EYE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LEFT EYE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMMENTS:

PICKS UP OR TRACKS OBJECT LESS THAN 1" IN SIZE (LIST RESULTS BELOW):

OBJECT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EYE PREFERENCE	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	<input type="checkbox"/> NONE

PASS REFER DATE OF REFERRAL _____ DATE EYE EXAM REPORT RECEIVED _____