

Child and Family Vision History and Risk Assessment Skills Assessment:

Purpose: To identify a child/family history of medical condition that may be associated with an increased risk of eye disorders.

Name _____ Date Trained _____

Observed by _____ Date Observed _____

Form	Yes	No	Comments
1. Screener provides Child and Family Vision Risk Assessment and History Form <ul style="list-style-type: none"> ▪ Identifies age of child for whom a risk assessment is most important: under age 3 years or a child who cannot reliably be screened with visual acuity charts – up to age 5 years ▪ Determines if the child is a new or returning patient/student 			

Procedure	Yes	No	Comments
2. Screener explains purpose of the questionnaire to parent/caregiver: To assess risk factors for vision/eye abnormalities <ul style="list-style-type: none"> ▪ Screener instructs parent/ caregiver on what sections to fill out depending on whether the child is new or returning to the setting ▪ OR screener asks the appropriate questions to parent/caregiver 			

Documentation of Screening Procedure	Yes	No	Comments
3. Screener clearly identifies PASS criteria: Child has no risk factors for vision loss and does not need a referral <ul style="list-style-type: none"> ▪ Screener enters parent answers into EHR or identifies appropriate steps for adding risk assessment to the child's record 			
4. Screener clearly identifies REFER criteria: <ul style="list-style-type: none"> ▪ A positive family history of vision problems ▪ Newly identified conditions or syndromes associated with vision concerns or loss ▪ Parent/caregiver concern 			

CHILD AND FAMILY VISION HISTORY AND RISK ASSESSMENT SKILLS ASSESSMENT

Follow up	Yes	No	Comments
Screener identifies next steps, to ensure follow up occurs for positive screen results depending on their role and practice site policy			

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To obtain this information in a different format, call: 651-201-3650.