

**VISION SCREENING QUESTIONNAIRE**

Name:

DoB/CHI No:

Nursery Code:

Nursery:

Gender:

Address:

GP Practice:

Please check the information above and enter amendments below if appropriate :

If your address has changed, please also inform your G.P.

Change of name: \_\_\_\_\_

Change of address: \_\_\_\_\_

Change of Nursery: \_\_\_\_\_

Change of GP Practice: \_\_\_\_\_

Postcode:

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The Scottish Government has recommended that all children should have their eyesight checked before they start school. This allows any eyesight problems to be treated as soon as possible. This will be carried out by an Orthoptist who is specially trained to assess childrens' vision and to detect a squint. The test includes naming pictures and matching letters and will be an enjoyable experience for your child.

It is our practice to share health information relevant to a child's education with appropriate education staff.

Please complete the following sections:

**CONSENT**

**I have received the information about Pre-School Vision Screening and I understand what this involves. I consent to my child participating in the Child Health Programme.**

**YES** ☐ **NO** ☐ **(Please tick appropriate box)**

**Name of Parent/Carer (please print)** \_\_\_\_\_

**Signature of Parent/Carer** \_\_\_\_\_ **Date** \_\_\_\_\_

**It is important that you return this form to the nursery as soon as possible. If you do not return this form we will assume consent to the Vision Screening Programme.**

IF YOU WISH MORE INFORMATION PLEASE TELEPHONE: \_\_\_\_\_

Home/Contact telephone No. \_\_\_\_\_

Does your child attend more than one nursery?

If Yes, give names of nurseries \_\_\_\_\_

Does your child already attend an eye department in any hospital/clinic?

If Yes, give name of hospital/clinic \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

To which primary school do you intend sending your child? \_\_\_\_\_

**Please Turn Over**

# **NATIONAL PRE-SCHOOL VISION SCREENING PROGRAMME**

## **FREQUENTLY ASKED QUESTIONS**

### **Why should my child have their eyes tested?**

Eye problems in children are not always easy to recognise. Children who cannot see properly and need glasses think everyone sees the same way as they do and are not aware that they need glasses. Lazy eyes and small squints stop the eyes working together properly and are not always noticeable. They can be picked up easily through visual screening and treated. It is not necessary for parents/carers to be present on the day.

### **If my child needed glasses would I not have noticed a problem?**

No – it is very common not to be aware that your child has an eyesight problem. It would not be possible to know that one eye was a lazy eye without testing. Children rarely complain of problems with their eyes.

### **What if my child already attends an optician?**

Your child should still have this test as part of the National Screening Programme.

### **My child has additional needs and I worry that they might not manage the test?**

There are very few circumstances when we are not able to test children. It can help us if you let us know of any concerns you may have.

### **What happens next if my child requires further assessment?**

If the test is incomplete your child will be assessed again at a later date. If an eyesight problem is suspected you will receive an appointment for your child to have a further assessment by an Ophthalmologist (eye doctor), Orthoptist or Optometrist (optician). If a problem is confirmed, appropriate treatment will be offered.

### **How will I be informed of the result?**

You will receive the result in writing.