



**INDIANA
DEPARTMENT of
EDUCATION**



**Indiana
Department
of
Health**

Indiana Vision Screening Guidelines

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**Indiana Department of Education
Indiana Department of Health**



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Part 1: Introduction

Visual Acuity Screening

Vision screening means the testing of visual acuity for near and distance vision (at various distances depending on the calibration of the charts being used) to determine an individual's ability to see using one of the following:

1. Snellen chart;
2. Sloan letters chart;
3. HOTV letter or LEA symbol charts for younger students; or
4. Technology devices, including photoscreeners or autorefractors, for a student who is unable to perform the tests described above in (1) through (3).

The governing body of each school corporation or charter school shall annually conduct a visual acuity screening to determine the visual acuity for both far and near vision of the following students enrolling in or transferring into:

- Kindergarten or first grade;
- Third grade;
- Fifth grade;
- Eighth grade; or for
- Any student who is suspected of having a visual defect.

Modified Clinical Technique (MCT) Testing: Kindergarten or First Grade

In addition to the visual acuity screening conducted by the school corporation or charter school, a more extensive visual testing using the Modified Clinical Technique (MCT) performed by a licensed ophthalmologist or optometrist is required for students in kindergarten or first grade.

Under certain circumstances, Indiana state law does provide a waiver for MCT testing. As the waiver only applies to MCT testing, schools cannot submit a waiver for the near and distance visual acuity screening requirement for any student.

Parent Notification

Vision screening information, including the date of the screening and the school's process for parents to decline the vision screening of their child if they wish to do so, must be shared with parents prior to the screening. This notice can be shared with parents via a letter, a text or voice mail message, the school website, and/or a school newsletter.

Part 2: Personnel

1. Public school corporations, including charter schools, should designate a staff member, preferably a school nurse, to oversee the vision screening program.
2. Responsibilities of the designated staff member include:

- a. Organizing, coordinating, and implementing a systematic process for conducting the vision screening program in the school.
 - b. Becoming knowledgeable in the vision screening technique and assuring that all vision screening personnel involved are properly trained.
 - c. Keeping and maintaining records, initiating referrals, developing follow-up (tracking/monitoring) procedures, and preparing/submitting the School Health Report (electronic report) to the Indiana Department of Education (IDOE).
 - d. Reporting screening results to school personnel and parents.
3. If the school corporation or charter school requests that an outside agency or organization conducts the visual acuity screening on behalf of the school, the designated school staff member must ensure all state requirements are met.

Part 3: Equipment & Room Requirements

Choice of Visual Acuity Charts

Distance Visual Acuity	Students six and under; students unable to respond to letters	HOTV or LEA Symbol chart at a distance of 10 or 20 feet depending on the calibration of the chart
	Students seven years of age and older	Sloan or Snellen chart at a distance of 10 or 20 feet depending on the calibration of the chart
Near Visual Acuity	Students six and under; students unable to respond to letters	HOTV or LEA Symbol card at a distance of 14 or 16 inches depending on the calibration of the card
	Students seven years of age and older	Sloan or Snellen card at a distance of 14 or 16 inches depending on the calibration of the card

Note: Self-illuminated charts are preferred over non-illuminated because self-illuminated equipment avoids yellowing, shadows are minimized, and the letters are well contrasted.

Additional Equipment:

- Pens for recording examination results
- Class/student list
- Eye cover (occluder preferred or other method for covering an eye)
- Sign noting "Vision Screening in Progress - Quiet Please"
- Lamp

Room Requirements:

When using a self-illuminating chart, school personnel should use normal ambient illumination instead of a dark room to reduce accommodative effect. If unable to use self-illuminating charts, clean, white wall charts with clear contrast between the letters and the background are also acceptable. Arrange for a quiet room in the school away from locker areas, music rooms, cafeteria, and noisy equipment.

Note: *Indiana law prohibits the use of technology devices, including photoscreeners and autorefractors, as they do not measure visual acuity. Technology devices can only be used for students who cannot be tested using the charts approved by statute.*

Part 4: Vision Screening Administration

Students to be screened:

1. All students in kindergarten or first, third, fifth, and eighth grade.
2. Any student specifically referred due to suspicion of visual difficulty.
3. If a student has written documentation by an optometrist, ophthalmologist, or healthcare provider stating blindness in one eye, the non-affected eye should be screened, and parents notified of the results of the non-affected eye.

Students not to be screened:

1. Any student that has written documentation by an optometrist, ophthalmologist, or healthcare provider stating blindness exists in both eyes or otherwise exempting the student from screening. Appropriate school personnel must be notified of any student with blindness.
2. No student should be required to submit to vision screening if a written objection by the parent/guardian is submitted to the proper school authority.

Preparation for screening:

Completed by personnel designated in Part 1:

1. Schedule vision screening dates with the school principal and personnel early in the school year for students in grades kindergarten or first, third, fifth, and eighth.
2. Ask school staff to send the names of students suspected of having vision difficulties in non-mandated grade levels to the screening personnel.
3. Recruit and train additional screening personnel and volunteers as needed.
4. Inform staff of the screening schedule.
5. Notify families regarding the vision screening dates and the method for notifying the school in writing if their child has an exemption, such as religious beliefs.
6. Secure daily class schedule for use by individuals conducting the vision screening.

Part 5: Vision Screening Procedure

Procedure for Distance Visual Acuity:

1. The room should not be darkened but lit with normal ambient illumination to reduce accommodative effect if self-illuminating charts are used. If non-illuminating charts are used, the room should be well-lit, preferably with subdued ambient room lighting and maximum natural lighting (sunlight). All glares must be eliminated from the chart.
2. If a student wears glasses or contact lenses, screening should be conducted with the prescription on. If the student is supposed to wear glasses or contact lenses and the student does not have them on, a note should be made on the recording form.

3. Use HOTV letters or LEA symbols for students under the age of seven. HOTV letter and LEA symbol charts should not be used on students older than seven if they know their letters and can respond to a letter chart. Use Snellen or Sloan letter charts for students seven and older.
 - a. Mount the wall chart at the student's eye level. Adjust the chart height for the size of the person being screened. A suggestion is to place Velcro on the wall and move the chart as needed.
 - b. Mark off 10 or 20 feet, whichever is appropriate for the calibration of the chart. The line may be marked with masking tape or paper, so that the student will be the required distance from the chart.
4. Ask the student to position toes on the line or other floor marking. Do not allow the student to lean the torso or head forward.
5. Demonstrate how to occlude the eye, then proceed with occluding the left eye with an occluder, an index card, or disposable cup (ensuring that the student is not peeking with the covered eye), and test the right eye. Then reverse the procedure and test the left eye. Be consistent in screening the right eye first to avoid recording errors.
6. Instruct students to keep both eyes open and read the selected letter/symbol or line of letters/symbols with the uncovered eye. A paper cut out or pointer may be used to isolate a line of letters/symbols.
7. Watch closely for and stop the student from peeking, squinting, or turning their head. Students should have their head held straight so the eye is looking straight ahead without any squinting.
8. Begin testing at 20/50. If 20/50 is read correctly, continue working down the chart (toward smaller letters or symbols). If 20/50 is read incorrectly, continue working up the chart (toward larger letters or symbols).
 - a. Students should be encouraged to read down the chart as far as possible; making a guess is allowed. Tell the student, "Try and do your best and read as much of the chart as you can".
 - b. You may utilize a matching card when using the HOTV or LEA chart to limit speech, language, or developmental barriers. The matching card contains large print of HOTV letters, or LEA symbols. The matching card is to be held by the student or the vision screener. The student may be asked to point to the letter or symbol they are attempting to identify on the chart.
 - c. Present letters or symbols in reverse or inconsistent order between students.
 - d. Do not allow students to stand directly behind the student performing the visual acuity screening to limit students learning the letters prior to their turn for screening.
 - e. Familiarize younger students with the symbols prior to the screening.
9. A student must correctly identify at least half of the letters or symbols (i.e., three out of five, or four out of six) on a line to consider the line "read correctly".
10. Record the line number for the last line read correctly with each eye.

Procedure for Near Visual Acuity:

1. The room should be well lit. The near visual acuity card should be well lit without shadows or glare. Ensure the card is not yellowed from age.
2. If a student wears glasses or contact lenses, screening should be conducted with the prescription on. If the student is supposed to wear glasses or contact lenses and the student does not have them on, a note should be made on the recording form.
3. Use HOTV letter or LEA symbol near visual acuity cards for students under the age of seven. HOTV letter and LEA symbol cards should not be used on students older than seven if they know their letters and can respond to a letter card. Use Snellen or Sloan near visual acuity cards for students seven and older.
4. Have the student view the card at the appropriately calibrated distance.
 - a. Instruct the students to hold the card or have school personnel hold the card at the student's eye level.
 - b. The card may be hole-punched with a string tied through the hole to the proper length to help gauge the distance for the person holding the card.
 - c. Alternatively, the card may also be mounted on a stand at the student's eye level. A suggestion is to place Velcro on the stand and move the stand height as needed.
5. Instruct students to keep both eyes open and read the selected letter/symbol or line of letters/symbols with both eyes. A paper cut out or pointer may be used to isolate a line of letters/symbols.
6. Watch closely for and stop the student from squinting or turning their head. Students should be looking straight ahead without squinting.
7. Begin testing at 20/50. If 20/50 is read correctly, continue working down the card (toward smaller letters or symbols). If 20/50 is read incorrectly, continue working up the card (toward larger letters or symbols).
 - a. Students should be encouraged to read down the card as far as possible; making a guess is allowed. Tell the student "Try and do your best and read as much of the card as you can".
 - b. You may utilize a matching card when using an HOTV or LEA card to limit speech, language, or developmental barriers. The matching card contains large print of HOTV letters, or LEA symbols. The matching card is to be held by the student or the vision screener. The student may be asked to point to the letter or symbol they are attempting to identify on the screening card.
 - c. Present letters or symbols in reverse or inconsistent order between students.
 - d. Do not allow students to stand directly behind the student performing the visual acuity screening to limit students learning the letters prior to their turn for screening.
 - e. Familiarize younger students with the symbols prior to the screening.
8. A student must correctly identify at least half of the letters or symbols (i.e. – three out of five, or four out of six) on a line to consider the line "read correctly".
9. Record the line number for the last line read correctly.

Standards:

The following standards apply for a vision screening in grades kindergarten or first, third, fifth, and eighth.

Table 1. Indiana Standards

Grade	Line	Chart
Either kindergarten or first	20/30 = pass	Snellen Chart
Either kindergarten or first	20/32 = pass	Sloan Letters, HOTV, or LEA Symbol Optotypes
Third, fifth, and eighth or suspected of having a visual defect	20/30 = pass	Snellen Chart
Third, fifth, and eighth, or suspected of having a visual defect	20/32 = pass	Sloan Letters

Any student that is unable to read at least half of the letters on row 20/30 or 20/32 (i.e. – three out of five, or four out of six) with each eye during the distant (or both eyes during the near) visual acuity screening, should be recommended for further examination by a licensed ophthalmologist or optometrist.

Additionally, any student in grades kindergarten or first, who fails the MCT testing must also be referred. Even if the student passes the visual acuity screening at a level of 20/30 or 20/32, but fails the MCT testing, the student should be referred to a licensed ophthalmologist or optometrist.

Part 6: MCT Testing

In addition to the visual acuity screening conducted by the school corporation or charter school, a more extensive visual testing using the MCT testing performed by a licensed ophthalmologist or optometrist is required for students in kindergarten or first grade.

MCT tests for visual acuity, binocularity, refractive error, and external and internal eye health. The visual acuity portion of the MCT testing may be completed by school personnel, an ophthalmologist, an optometrist, or the eye professional's staff. Many schools complete a visual acuity screening for students in kindergarten or first grade on a date before the ophthalmologist or optometrist is scheduled, or as a partner on the day the ophthalmologist or optometrist performs his/her portion of the MCT testing. Discussions should take place between the school and the eye professional to determine who will complete the visual acuity screening for students in kindergarten or first grade.

Items to discuss with the licensed ophthalmologist or optometrist include:

- A. Number of students to be tested.
- B. Entity performing the visual acuity screening (school personnel, outside entity, the licensed ophthalmologist, the licensed optometrist, or the licensed eye professional's staff).
- C. Date, time, and location for testing.

- D. Lighting or room requirements for testing.
- E. Number of tables and chairs required (for ophthalmologist or optometrist and his/her staff).
- F. Entity providing the testing forms (two sample forms are provided at the end of this document, or can be developed by the school, ophthalmologist, or optometrist).
- G. Contact information for a point person at the school and ophthalmologist's or optometrist's office.
- H. Number of staff the ophthalmologist or optometrist will be bringing to assist and number of school staff needed to assist the ophthalmologist or optometrist (bringing students to and from the testing room).
- I. Overall set-up and flow of the testing process.

Under certain circumstances, Indiana state law does provide a waiver for MCT testing. As the waiver only applies to MCT testing, schools cannot submit a waiver for the near and distance visual acuity screening requirement for any student.

Part 7: Rescreening & Notifications

1. A second visual acuity screening date should be set as soon as possible, or at least within 60 days of the initial screening, to screen any students that were missed due to absence or have newly enrolled into one of the mandatory screening grade levels unless there is proof of a current vision screening.
2. If screening is completed by trained support personnel or an outside agency, and a student cannot be screened by following these guidelines, the school nurse or school-appointed designee must be notified. This may include students who are frightened or crying, students with a developmental delay, or students with a language barrier. The school designee must contact parents to share any vision results obtained by the school and to see if previous testing has ruled out a vision loss or if further testing is warranted.
3. Parents/Guardians must be notified in writing of a failure on the vision screening and referred to a licensed ophthalmologist or optometrist. This notice should include any community resources that are available to assist families with eye exams or glasses.
 - a. A Referral Response Form (see sample form), which is to be completed by the licensed ophthalmologist or optometrist, should be returned to the school nurse.
 - b. If no documentation is received, a follow-up letter should be sent to parents within 60 days of the initial letter.
 - c. If resources are available in the community for assistance with eye exams or glasses, a third follow-up letter should be sent to parents reminding them of these resources.
4. It is the responsibility of the school nurse or a designated staff member to inform the appropriate school personnel of vision screening failures.

Part 8: Records & Reports

1. A complete and continuous record of all vision screenings and tests shall be maintained by the school corporation or charter school.
2. The school corporation's governing body and the superintendent must annually receive the following information concerning the vision acuity screenings and MCT tests conducted:
 - A. The number of students eligible for vision screening, by grade.
 - B. The number of students in kindergarten or first grade who were tested using the modified clinical technique.
 - C. The number of students by grade who were screened using a visual acuity screening.
 - D. The number of students by grade who passed the screening.
 - E. The number of students by grade who failed or were referred for further testing.
 - F. The name of the individual that supervised the screening.
3. Each school within a school corporation, including charter schools, shall annually provide vision screening and MCT testing information to IDOE by completing the School Health Report.
4. Documentation of the vision screening results should be included as part of each student's permanent record clearly indicating:
 - a. The date of the vision screening.
 - b. The results of the screening for each eye.
 - c. Any pertinent referral and follow-up comments.
5. Complete vision records should accompany transferring students according to school policy.
6. Vision screening records should be kept for five (5) years after educational services have been provided to the student.

Part 9: Screening Students with Special Needs

1. Students with special needs require particular screening attention. They may have short attention spans, limited verbal expression and language skills, processing delays or difficulties, and possible fear of new situations and unfamiliar adults. When planning, organizing, and implementing a vision screening program, considerations must be made for screening students with special needs. It may be appropriate to set aside a time and setting away from the mass school screening so more time and attention can be provided to the student.
2. Schools should conduct vision screenings for students with special needs using methods and equipment suitable for the student's developmental abilities. The following charts are listed in the order of ascending cognitive order:
 - a. LEA symbols
 - b. HOTV letters

3. If using the LEA symbols or HOTV letters, schools may create a card with enlarged images so students can point to the symbol they see, if verbal skills are limited.
4. Implementation procedures, such as planning, referring, recording, and follow-up for students with special needs are done in the same manner as the routine vision screening procedures outlined in these guidelines.
5. If a student has an Individual Education Plan (IEP), documentation of the vision screening results should be included in their plan. Record the date of the screening, the type of screening tool used, the results, and any barriers to screening that occurred. If the student was referred for further evaluation, include any visual accommodations suggested by the licensed ophthalmologist or optometrist.

Sample Forms and Documents

Parent Vision Screening Information

Vision screening information must be shared with parents before the screening takes place. This notice can be given via a letter, a text or voice mail message, the school website, and/or a school newsletter.

Items to share with parents include:

- Date of the screening
- School procedure for parents to decline to have their child screened
- Screening results will not be sent home if student passes the screening
- Screening results will be sent home for any student that fails the screening
- Name and contact information of school personnel to call for screening results or questions

Sample Parent Vision Screening Notification Letter

(Insert School Letterhead)

Dear Parent or Caregiver,

Vision is important to your child's ability to learn and progress at school. Indiana state law requires schools to screen students in grades kindergarten or first, third, fifth, and eighth. Vision screening will take place on the following date(s): (insert date here).

Vision screening is a very simple procedure and will take only a few minutes. If you do not want your child to participate in a vision screening, please (insert school process here).

No report will be sent home if your child passes the vision screening. If the screening results indicate your child may have a vision problem, the results will be shared with you. If you have any questions about the vision screening process or wish to talk with school personnel, please contact:

School Personnel Name: _____

School Personnel Phone: _____

School Personnel Email: _____

Sample Vision Screening Worksheet

School	Grade(s)
Teacher	Date

[illegible]

Sample Vision Referral & Response Form

Dear Parent:

Your child recently participated in the school vision screening program. The results (shown below) of the school screening indicated that your child may have a vision problem that would benefit from medical attention. It is therefore recommended that your child be seen by a licensed ophthalmologist or optometrist for further evaluation.

Please have your child's licensed ophthalmologist or optometrist fill out the bottom of this form.

Please return the completed form to your child's school. Thank you for your cooperation.

Screened by: (Add school personnel name and title)

Contact Information: (Add school personnel contact information)

SCHOOL VISION SCREENING RESULTS

Student's Name: _____

Teacher: _____

Visual Acuity (Distance Vision Screening) Right Eye: 20/____ Left Eye: 20/____

Visual Acuity (Near Vision Screening) Both Eyes 20/____

Additional Information: *(insert other notes or indicate failure of the MCT testing if applicable)*

Dear Licensed Ophthalmologist or Optometrist:

This student's vision screening has indicated there may be a vision problem. Please complete and return this form to the parent or the school at *(insert school fax number)*.

OPHTHALMOLOGIST or OPTOMETRIST RESULTS

Diagnosis: _____

Glasses Prescribed: Yes _____ No _____ Full-Time _____ Part-Time _____

Treatment and Recommendations:

Will the student be returning to you for further care? _____ Yes _____ No

Date Seen: _____ Provider's Name: _____

Provider's Signature: _____

Sample MCT Recording Sheet (1)

Student Name: _____

Teacher: _____ Grade: Kindergarten or First

Student Visual Acuity Screening Results: PASSED or FAILED

Additional Information or Comments:

MCT Screening Results by Ophthalmologist or Optometrist

Eye Binocular Coordination Screening: PASS or FAIL

Professional Refractive Eye Screening: PASS or FAIL

External Eye Health: PASS or FAIL

Internal Eye Health: PASS or FAIL

COMMENTS:

FINAL RESULTS:

____ This student **passed** the MCT screening.____ This student **failed** the MCT screening and should be seen by an ophthalmologist or optometrist for further evaluation.*(List the date and the name of the licensed provider who performed the MCT screening. Have the provider sign his/her name or circle his/her name from a list.)*

Sample MCT Recording Sheet (2)**Modified Clinical Technique Screening:**

Child's Name: _____

Date of Screening: _____

Results:

Binocularity	<input type="checkbox"/> PASS	<input type="checkbox"/> REFER
Refractive Error	<input type="checkbox"/> PASS	<input type="checkbox"/> REFER
Eye Health	<input type="checkbox"/> PASS	<input type="checkbox"/> REFER

- ☐ The student **passed** the MCT eye screening.
- ☐ The student **failed** the MCT eye screening and should be seen by an eye professional for further evaluation.

Doctor who performed the screening:

Name: _____

Signature: _____