LEA Symbols® and HOTV Distance Chart
Vision Screening Procedure

For Children 3 years and older
Threshold Screening Method
Threshold Screening

• Reading down the eye chart as far as possible.

• Threshold line is the smallest line child can pass.

• Can identify 2-line difference between the eyes.
LEA Symbols and HOTV - Threshold Screening

• 10/xx on left side of chart is screening distance.

• 20/xx on right side of chart is Snellen equivalency and the number to document.
LEA Symbols and HOTV - Threshold Screening

1. May use with children age 3 years and older who are unable to recognize letters.

2. Measure 10-foot screening distance between the chart and the child’s eyes.

3. Child may stand or sit on a chair at the screening distance.

4. Adjust the chart to child’s eye level and place chart on the wall.
LEA Symbols and HOTV - Threshold Screening

5. Ask child to identify symbols on the top line with both eyes uncovered. Make sure child understands the screening procedure.

   – Child may choose the name for each symbol.

   – If child does not know the name of a symbol, screener can give two choices and have child select one (e.g. apple or heart, circle or oval).

   – Children who are shy or nonverbal have the option to use the matching response card to match the symbol the screener is pointing to on the chart.
LEA Symbols and HOTV - Threshold Screening

6. Use adhesive patch to cover the left eye.
   – If patches are not available or not tolerated, use occluder glasses.

7. When pointing to symbols, briefly point to and quickly remove pointer. Leaving the pointer at the symbol makes the symbol easier to identify, which may lead to missed visual disorders.
8. When a symbol is missed, return to the line above and ask the child to identify ALL symbols on that line.
   – If 3 or more symbols are correctly identified, move down to the next line.

9. On each lower line, continue asking child to identify each symbol until the child misses 3 on a line.
   – Have child identify the whole line even when 3 or more symbols are missed.
11. Document visual acuity for the right eye as the last line the child correctly identified 3 or more symbols.

12. Repeat procedure with the right eye covered, starting with the first symbol on the right side of each line.

13. When child responds, give verbal praise ("good", "right", etc.), even if child is incorrect.

14. Document visual acuity for left eye as the last line the child correctly identified 3 or more symbols.
LEA Symbols and HOTV - Threshold Screening

If LEA/HOTV symbols chart has lines that split into 2 charts/column:

- The left column is for screening the right eye.
  - When child is reading a full line of the left column, child reads left to right.

- The right column is for screening the left eye.
  - When child is reading a full line of the right column, child reads right to left.
LEA Symbols and HOTV Threshold Screening Pass

NEW AGE-DEPENDENT PASS CRITERIA

• 3 years old: Correctly identifying 3 or more symbols on the 20/50 line (or any line below) with each eye.

• 4 years old: Correctly identifying 3 or more symbols on the 20/40 line (or any line below) with each eye.

• 5 years and older: Correctly identifying 3 or more symbols on the 20/32 line (or any line below) with each eye.
LEA Symbols and HOTV Threshold Screening Fail

NEW AGE-DEPENDENT FAIL CRITERIA

- 3 years old: Missing 3 or more symbols on the 20/50 line, or any line above the 20/50 line, with either eye.

- 4 years old: Missing 3 or more symbols on the 20/40 line, or any line above the 20/40 line, with either eye.

- 5 years and older: Missing 3 or more symbols on the 20/32 line, or any line above the 20/32 line, with either eye.

- Two line difference between the eyes, even within the passing range (e.g., 20/20 and 20/32).
Sample 3 Year Old Pass
Right Eye

Record Results:
Last line where 3 or more symbols were correctly identified.

R Eye Pass at 20/20 (10/10)
Sample 3 Year Old Pass
Left Eye

Record Results: Last line where 3 or more symbols were correctly identified.

L Eye Pass at 20/25 (10/12.5)
## Documentation

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Last Name:</strong></td>
<td>DOE</td>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>MRN#:</strong></td>
<td>12345</td>
<td><strong>Age:</strong></td>
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<tr>
<td><strong>PLACE OF SCREENING:</strong></td>
<td>OFFICE</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Screen Date:** 7-20-16

**Comments:** Pass

<table>
<thead>
<tr>
<th></th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Glasses</td>
<td>20 /20</td>
<td>20 /25</td>
</tr>
<tr>
<td>With Glasses</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
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**Referred To:**

**Signature & Title of Person Performing Test:**

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*CHDP Vision Screening Training January 2017*
Sample 3 Year Old Fail
Right Eye

Record Results: Last line where 3 or more symbols were correctly identified.

R Eye
20/63
(10/32)
Sample 3 Year Old Fail
Left Eye

Record Results: Last line where 3 or more symbols were correctly identified.

L Eye Fail at 20/63 (10/32)
Documentation

<table>
<thead>
<tr>
<th>Last Name: DOE</th>
<th>First Name: JANET</th>
<th>MRN# 12345</th>
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<tr>
<td>PLACE OF SCREENING: OFFICE</td>
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Vision Screen Date: **7-20-16**

<table>
<thead>
<tr>
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<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Glasses</td>
<td>20 /63</td>
<td>20 /63</td>
</tr>
<tr>
<td>With Glasses</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

Comments: Fail

Referred To: Dr. Eye

Signature & Title of Person Performing Test
Sample 3 Year Old Fail
(2 Line Difference)

Record Results: Last line where 3 or more symbols were correctly identified.

R Eye Pass at 20/32 (10/16)

L Eye Pass at 20/20 (10/10)

Fail due to 2 line difference
## Documentation

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>DOE</th>
<th>First Name:</th>
<th>JANET</th>
<th>MRN#</th>
<th>12345</th>
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<td>Age:</td>
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</table>

Vision Screen Date: **7-20-16**

Comments: **Fail due to 2 line difference**

<table>
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<tr>
<th></th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
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<td>Without Glasses</td>
<td>20 /32</td>
<td>20 /20</td>
</tr>
<tr>
<td>With Glasses</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

Referred To: **Dr. Eye**

Signature & Title of Person Performing Test

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Key Points

• Screen one eye at a time.

• Refer any child who has not passed the vision screening to an eye care professional.

• Explain the importance of the referrals to parents.

• Always follow the vision procedure in the manufacturer’s instructions that accompany the vision charts.