Sloan Letters Distance Chart
Vision Screening Procedure

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.
Sloan Letters Charts

• 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.
Sloan Letters - Threshold Screening

1. May use with:
   - children who know their letters well
   - adolescents
   - Adults

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.
Sloan Letters - Threshold Screening

5. Use adhesive patch to cover the left eye.

6. When pointing to letters, briefly point to and quickly remove pointer. Leaving the pointer at the letter makes the letter easier to identify, which may lead to missed visual disorders.
7. Beginning at the top line, ask the child to identify the first letter on the left side of each line and move down the chart until the child misses a letter.

8. When a letter is missed, return to the line above and ask the child to identify ALL letters on that line reading from left to right.
   - If 3 or more letters are correctly identified, move down to the next line.

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

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

12. When a letter is missed, return to the line above and ask the child to identify ALL letters on that line reading from right to left.
   • If 3 or more letters are correctly identified, move down to the next line.
13. On each lower line, continue asking child to identify each letter until the child misses 3 on a line.
   • Have child identify the whole line even when 3 or more letters are missed.

14. When child responds, give verbal praise (“good”, “right”, etc.), even if child is incorrect.

15. Document visual acuity for the left eye as the last line the child correctly identified 3 or more letters.
Sloan Letters – Threshold Screening

If Sloan letters 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.
NEW AGE-DEPENDENT PASS/FAIL CRITERIA:

- **Pass:** Correctly identify 3 or more letters on the 20/32 line (or any line below) with each eye for children 5 years and older.

- **Fail and rescreen within 6 months or refer when:**
  - Miss 3 or more letters on the 20/32 line, or any line above the 20/32 line, with either eye, for children 5 years and older.
  - Two-line difference between the eyes, even within the passing range, e.g. 20/16 and 20/25.
Record Results:
Last line where 3 or more symbols were correctly identified.

L Eye
Pass
20/32
(10/16)
### 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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<tbody>
<tr>
<td>PLACE OF SCREENING:</td>
<td>OFFICE</td>
<td>Age:</td>
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<td></td>
<td></td>
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Vision Screen Date: **7-20-16**

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

Comments: Pass

Referred To: 

Signature & Title of Person Performing Test

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**CHDP Vision Screening Training January 2017**
Sample 5 Year Old Fail

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

R Eye
20/40
(10/20)

L Eye
20/40
(10/20)
# Documentation

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>Doe</th>
<th>First Name:</th>
<th>Janet</th>
<th>MRN#:</th>
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<tbody>
<tr>
<td>PLACE OF SCREENING:</td>
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<td>Age:</td>
<td>5</td>
<td></td>
<td></td>
</tr>
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</table>

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

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<tr>
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</tr>
</thead>
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<td>Without Glasses</td>
<td>20 /40</td>
</tr>
<tr>
<td>With Glasses</td>
<td>/</td>
</tr>
</tbody>
</table>

Comments: **Fail**  

Referred To: **Dr. Eye**  

Signature & Title of Person Performing Test
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

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<th>First Name: JANET</th>
<th>MRN# 12345</th>
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</thead>
<tbody>
<tr>
<td>PLACE OF SCREENING: OFFICE</td>
<td>Age: 5</td>
<td></td>
</tr>
</tbody>
</table>

**Vision Screen Date:** 7-20-16  
**Comments:** Fail due to 2 line difference

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

Referred To: **Dr. Eye**

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Signature & Title of Person Performing Test
Key Points

• Screen one eye at a time. No need to screen with both eyes open.

• 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.