

Vision Screening for 4 to 5 year olds

Information for parents

Vision Screening

The NHS recommends vision screening at aged 4 to 5 years. It is important to identify children with reduced vision in one or both eyes, so that treatment can be given as early as possible. Vision screening is offered to all children in Sandwell and the Heart of Birmingham area. Orthoptists from Sandwell and West Birmingham Hospitals NHS Trust will be available to test your child's vision at school during their first reception year.



Why is vision screening recommended?

Vision develops rapidly from birth to around 8 years of age. Children rarely complain of having poor vision and it can easily go unnoticed, especially if it affects only one eye. Reduced vision can have an impact on a child's learning and development. This is why Public Health England recommends vision screening at age 4 to 5 years.

The Test

The screening test involves an assessment of your child's vision. A patch will be put over each eye in turn. Your child will then be asked to match letters in order to establish how well they can see. Your child does NOT have to know their letters to be able to complete the test. The screening test will take less than 5 minutes.

Possible Results

If screening suggests reduced vision you will be notified in writing via the school. A referral will be made to a local hospital eye service for further testing before a decision is made on whether treatment is required. If your child passes their vision screening test you will be informed of this outcome. Vision screening should find most vision problems but like all types of screening it is not perfect and it may not find every child with reduced vision.

Your child's vision will change over time. Further information can be found in your child's 'red book'. If you are worried at any time that your child is not seeing properly you should seek advice from your GP or local optician.

Consent

If you **do not** wish your child to undergo vision screening, please complete the form below to **opt out** and return it to us by post using the address below. We must receive the form by:

Friday 15th November 2024

Otherwise we will assume you are happy for your child to be screened and they will be assessed during the reception year. If you want your child to undergo the vision screening test and do not opt out, you are giving consent for your child's name, date of birth, home address, and parent's/guardian's phone number to be accessed via their school to allow us to make a referral to the hospital eye service if necessary.

Only return this form if you DO NOT want you child to have a vision screening check

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I **DON'T** give consent for my child to have visual screening during the reception year.

Child's name: _____
 Child's Date of Birth: _____
 Child's Address: _____

 Child's School: _____
 Home Phone Number: _____
 Child's Doctor (GP): _____

If you **do not** wish your child to be assessed because they are currently under the care of a hospital based eye department, please tick this box.

Signed _____ Relationship to child _____
 Print _____
 Date _____

Please post the completed form **Friday 15th November 2024** to the following address: **Thuy Pham, Lead for Vision Screening Services, Orthoptic Department, Birmingham and Midland Eye Centre, Dudley Road, Birmingham, B18 7QU**
 Or email: swbh.visionsscreening@nhs.net to opt out by Friday 15th November 2024