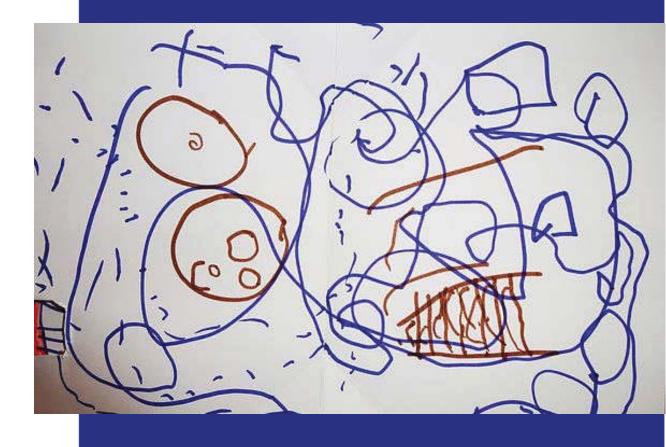
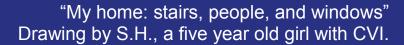


TEACH CVI

Screening list for children with a suspicion of Cerebral Visual Impairment (CVI)

Screening list CVI 1











Screening list for children with a suspicion of Cerebral Visual Impairment (CVI)

1) General information	
Date questionnaire filled in:	
Filled in by (name):	
Relation to the child:	
☐ Parent	
☐ Teacher	
☐ Health care professional	
☐ Other interested person (please specify:)
2) Information about the child	
Name:	
Date of birth:	ym
Gender:	
■ Male	
☐ Female	
☐ Other	
3) Pregnancy and birth	
Pregnancy duration: weeks	Birth head circumference: cm
Birth weight: grammes	
Multiple births:	
☐ Yes:(e.g. twin or triplet)	
□ No	
Were there any problems during the pregnancy?	
☐ Yes	
□ No	



If yes,	please specify the problems:
Dalina	
Delive	
	Normal/vaginal delivery
	Caesarean delivery
Ц	Using specific medical procedures (e.g. forceps in childbirth or vacuum extraction)
	Don't know (e.g. adoption)
Were	there any problems during the delivery?
	Yes
	No
If yes,	please specify the problems:
_	edical and/or developmental issues
	r child being seen for any medical or developmental issues such as ADHD,
	n Spectrum Disorder, epilepsy, motor problems, growth disorders, or others
issues	
	Yes
	No
If yes,	please specify the issues:



	your child receive therapy/help fo	r these issues?
	Yes	
	No	
If yes,	from whom?	
Is you	r child on medication?	
	Yes	
	No	
If yes,	please specify which medication	and why your child takes medication.
5) Vis	sual problems	
Does	your child have known visual prol	olems?
	Yes	
	No	
If yes,	has the child been examined by	an ophthalmologist/orthoptist/optometrist?
	Yes	
	No	
If yes,	what problems were determined	?
	Problems with visual acuity:	Acuity right:
		Acuity left:
	Visual field loss	
	Strabismus	
	Amblyopia/lazy eye	



MUS	
	Refractive errors
	Other:
Have g	plasses been prescribed?
	Yes
	No
If yes,	please specify why the child has glasses.



For each question, circle the number that applies to your child

Below there is a list of questions that screen for Cerebral Visual Impairment (CVI).

Circle the number that is the most applicable to the child. Please do so for each question and trust your instinct.

The numbers correspond to:

1 = Never 2 = Occasionally 3 = Frequently 4 = Always				ıys		
1. Makes eye c	ontact.		1	2	3	4
2. Has difficultie	es with looking at objects	s.	1	2	3	4
3. Has difficultie	es with looking at people		1	2	3	4
4. Stares at ligh	nt sources (e.g. lights or	windows).	1	2	3	4
5. Notices object	cts positioned at waist le	vel or below.	1	2	3	4
6. Use of vision	can fluctuate.		1	2	3	4
7. Smiles in res	ponse to you smiling at l	nim/her.	1	2	3	4
8. Recognizes f	familiar people only wher	n they speak.	1	2	3	4
9. Prefers certa	in colours over others.		1	2	3	4
10. Does not rec	ognise common objects.		1	2	3	4
11. Does not rec	ognise common pictures	s/images.	1	2	3	4
12. Can find a fa	vourite toy easily when it	t is amongst other toys.	1	2	3	4
	avourite toy easily whe a rug or blanket).	n it is on a patterned	1	2	3	4
14.Looks away	while reaching out for an	object.	1	2	3	4
15. Hesitates when there is a change of floor surface (e.g. from a wooden floor to a carpet).				4		
16. Closes his/he	er eyes when listening to	voices or sounds.	1	2	3	4
17. Notices an ol	bject only when it moves		1	2	3	4
18. Notices a per	rson only when he/she m	noves.	1	2	3	4
19. Reacts to so	und rather than to visual	stimuli.	1	2	3	4



<u>irther comments and questions that were difficult to answer:</u>