



# kits

# kansas inservice training system

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N E W S L E T T E R

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## Tiny-K Vision Screening: An Overview

To be perfectly honest, when I was asked to help revise the tiny-k vision screening record I was a bit overwhelmed. Given that I had only watched others conduct vision screenings, and never administered a screening myself, I felt a bit out of my league. At first glance the screening form appeared to be weighed down with medical terms/conditions, many of which I was familiar, but I didn't have a deep understanding. I had always been able to rely on the expertise of those conducting the screening. Frankly, I was clearly out of my comfort zone starting out, however, I believe that was a good thing. It forced me to take the time to learn more about vision in general, and specifically how vision problems in first years of life can significantly impact overall development as well as the ability to see later in life. Once I realized this, I not only gained a greater appreciation for vision screening, but I also came to understand how "not-difficult" vision screening can be. That is not to say that vision screening doesn't take practice, or that it can be done haphazardly, but rather, when a person has a good understanding of the "what and why" of the screening activities, the flow of the screening itself seems to take on an easy flow. For that reason, I thought it would be beneficial to hear a "layman's" version of the "what and why" of the activities listed on the tiny-k vision screening record.

A good starting point for this discussion is to address why vision screening is a required activity in an initial Part C evaluation and annual IFSP review. The most obvious reason is that vision is a key sense to take in information and impacts development, and a vision screening is a first attempt at ruling out vision problems as causing developmental problems. When an infant/toddler passes the vision screening we are in essence saying, "We have no concerns about vision having an impact on past, current, or future development." In situations where they don't pass the screening we are saying, "We are not sure if there is a vision problem, and therefore we cannot rule out if vision has had/will have an impact on development. When concerns arise the screening needs to be followed up by a medical professional through a more formal vision evaluation." By determining the lack of/existence of vision problems,

the Early Intervention (EI) team, including the family, can design the most effective Individual Family Service Plan (IFSP), one that potentially addresses visual challenges if they occur.

A second reason a vision screening is required is that infants/toddlers with a developmental delay are at a higher risk for vision problems. Further, those children who experienced prenatal complications, were born prematurely, faced complications during delivery, or were identified as having a syndrome/condition/ or birth anomaly of the head or face should be referred for a full vision evaluation and bypass screening altogether. The following "Medical Risk Factors" are listed on the tiny-k vision screening record:

- Prematurity < 32 weeks
- Birth weight < 3.3 pounds
- Needed oxygen > 4 days as a newborn
- Maternal history of infection during pregnancy (e.g. CMV, genital herpes, rubella, syphilis, toxoplasmosis, Zika)
- Down syndrome
- Marfan syndrome
- Hearing Loss
- Neuropsychological conditions (e.g. cerebral palsy, seizure disorder, hydrocephalus, etc.)

Certain eye conditions experienced by the parents or siblings warrant formal vision evaluation rather than further vision screening. The following conditions are listed in the Family History section of the record:

- Strabismus
- Amblyopia
- Congenital cataract
- Congenital glaucoma
- Retinoblastoma
- Siblings wearing glasses before age 6 years
- Parents wore glasses before age 6 years

If one or more of the boxes are checked in the Medical and/or Family History sections of the record, a referral for a more in-depth vision evaluation by a medical professional is required. There is no need to administer the remaining screening activities.

One of the most important reasons to conduct vision screening is to catch potential vision problems as early as possible and correct them so that life-long vision challenges may be prevented or at least mitigated. The critical years for eye development are birth to age 6. During this time, both eyes must receive clear images to focus on, and do so

synchronously. Anything that interferes with focus or and movement can cause a reduction in vision that cannot be corrected later. To see correctly, the brain signals eye muscles to line up correctly, focusing on an object together and in a coordinated fashion. The brain then takes the images from each eye (2 separate images) and combines them into one three-dimensional image. Combining the two pictures in this manner provides depth perception. When one of the eyes is pointed in a direction away from the target (strabismus), the pictures received by the brain are very different and cannot be combined. The brain learns to ignore the picture from the bad eye and rely solely on the good eye (amblyopia). However, with only one picture to work from, depth perception is lost. To make matters worse, the longer the brain ignores information from the bad eye, the less likely eyesight can be corrected in the effected eye.

When conducting the vision screening possible strabismus and/or amblyopia may show up in the Family History or be associated with a red flag identified in the Medical History. The "Dr. Tests" that are included in the remainder of the vision screening record help identify potential red flags for these or other conditions that warrant immediate referral for a formal vision evaluation. We refer to these activities as "Dr. Tests" to describe the remaining activities where the screener takes note regarding the physical appearance of the eyes, observes and/or asks the parent to report on various visual milestones, and then conducts between 2-4 activities with the child (depending on age) in order to quickly assess eye tracking (vertical and horizontal), and the impact of light on the eye (pupillary reflex, corneal light reflection). If instrument-based screening is being utilized the tracking and light assessments can be skipped and replaced with the instrument results.

In terms of time, the lengthiest portion of the screening is collecting the family and medical histories. Developmental milestones information is easily observed while conversing or playing with the child, and can be reported by the parent as well. The observation of the eye is fairly straight forward, and observing tracking and reactions of light in the eye can be conducted in a very short amount of time (typically two minutes or a little more depending on how cooperative the child is. The tiny-K Vision Screening form provides clear guidelines regarding when it is appropriate to rescreen vs when a referral for a formal vision evaluation is required. That said, when it comes to screening information, when in doubt go ahead and refer. Screening is NOT

diagnostic, and therefore if questions remain it is much better to go ahead and make the referral.

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**Vision Services in Kansas**  
*Part of a series of articles detailing  
 vision services in Kansas*

**Optometrists Offer Free Vision  
 Assessments for 3-year-olds**  
**Article 4 of 10**

**TOPEKA** —Participating Kansas optometrists are offering free vision assessments for three-year-old children in their community as part of the Eye Care Council’s award-winning SEE TO LEARN® Children’s Vision Program.

The program was created by optometrists to help make sure that all children receive vision care before starting school — regardless of their parent’s income or ability to pay. Since the program was created, more than 75,000 children have received a free vision assessment through the program. Of these, about 12 percent have had a vision problem.

“If children aren’t seeing well, they’re going to have trouble learning,” said Dr. Jeff Schletzbaum, a Hutchinson optometrist who is president of the Eye Care Council. “We encourage parents to bring in their children by age three because we can detect and treat the vision conditions before their kids start school.”

This is critical, given that more than 20 percent of the children entering kindergarten each year have vision problems — and this number increases to more than 30 percent by the time those children graduate from high school. Without early detection and treatment, many of these vision problems affect learning, because more than 80 percent of learning is done visually.

While many parents assume that their children will let them know if they are experiencing vision problems, this doesn’t typically happen. “One of the biggest difficulties we run into is that children with vision problems are often unaware that they have vision problems, because they assume everyone else sees the same way they do,” said Schletzbaum.

And certain vision conditions, such as lazy eye, require early detection and treatment to ensure that there is no long-term loss of vision. “Even with so-called 20/20 vision, children can have vision problems that affect the ability of their eyes to work together or focus correctly,” he said. “These learning-related vision problems can affect children’s academic performance, as well as their self-esteem.”

For more information or for a referral to a participating optometrist, call the Eye Care Council at 1-800-960-EYES or visit the Council on-line at [www.seetolearn.com](http://www.seetolearn.com).

**Why SEE TO LEARN®?**

- More than 80 percent of everything we learn is a result of visual processing.
- Twenty percent of children entering kindergarten have undetected vision conditions that could hinder their ability to read and learn.
- Four percent of children have amblyopia (lazy eye).
- Nearly 30 percent of children in special education classes have vision problems.
- More than 70 percent of juvenile delinquents have vision problems.
- Of the individuals enrolled in adult literacy programs, more than 60 percent have vision problems.
- 20/20 eyesight does not ensure adequate visual performance in the classroom.
- The percentage of children with vision problems increases to 25 percent by age 10 and to more than 30 percent by age 15.
- Vision problems in children can limit career opportunities as an adult.

**SEE TO LEARN® Statistics**

- SEE TO LEARN® was formally developed in 1993 by the Kansas Optometric Association and the Eye Care Council.
- Since the program’s inception, more than 75,000 three-year-old children have received free vision assessments through the SEE TO LEARN® Program. There are no income restrictions for the program, so all children

are eligible, regardless of income, insurance coverage or ability to pay.

- Vision problems have been detected in more than 12 percent of the children assessed through the program.
- Each year, optometrists donate thousands of brochures, bookmarks, vision care records and other educational materials to schools, child care providers, health departments and other community organizations to help make sure that parents understand the warning signs of vision problems in their children.

### **SEE TO LEARN®**

#### **Warning Signs of Vision Problems**

The Eye Care Council and the SEE TO LEARN® Program encourage parents and educators to be alert for signs that may indicate vision performance problems. Some warning signs of potential problems are listed below:

- Frequent rubbing and blinking of the eyes
- Short attention span or frequent daydreaming
- Poor reading ability
- Avoiding close work
- Frequent headaches
- A drop in scholastic or sports performance
- Covering one eye
- Tilting the head
- Squinting one or both eyes
- Placing head close to book or desk when reading or writing
- Difficulty remembering, identifying and reproducing basic geometric forms
- Poor eye-hand coordination skills

### **Kansas Lions Provide Free Children's Vision Screening**

#### **Article 5 of 10**

Statistics illustrate the importance of vision screening for children. Approximately one in five children under the age of 5 have a vision problem, and 80 percent of a child's learning is through his or her eyes. Children rarely complain of vision difficulty because they think everyone sees the world the same way they do. Many parents are not aware of their child's limited ability to see. This exhibits the importance that

early vision screening is critical for young children.

Children with undiagnosed and untreated vision problems grow up to become adults with undiagnosed and untreated vision problems. The failure to detect and treat vision disorders in children affects issues such as child development, learning performance, self-esteem, social-emotional behavior, academic achievement, high school dropout rates and juvenile delinquency. From the standpoint of society in general, the failure to detect and treat children's vision disorders affects the rates of adult criminality, literacy and labor productivity.

Lions KidSight USA is a Kansas Lions program that provides free vision screening at preschools, day care centers, early education programs, health fairs and other public events for children as young as six months of age. A non-invasive hand held camera-type instrument captures an eye reading from approximately three feet away, similar to having a picture taken. The whole process takes about 60 seconds per child and provides easy-to-read immediate results that detect common vision conditions such as nearsightedness, farsightedness, amblyopia (lazy eye) and differences between the two eyes. If a child's vision problems are detected at an early age, many are correctable. Unfortunately, by the time kids are of school age, it may be too late to reverse some vision problems.

Lions Clubs have invested in children's vision screeners and are available to schedule screenings in your community. For additional information, to help locate a children's vision screener nearest to you or to schedule a screening, call Lion Sylvia Reinhardt at 785-200-6132 (home), 620-921-0130 (cell) or e-mail [poorfarmer@eaglecom.net](mailto:poorfarmer@eaglecom.net).

### **A Community Effort to Provide Eye Examinations and Glasses for Children/adults in Need**

#### **Article 6 of 10**

The purpose of vision screening is to increase the number of children/adults in need of vision care so that they will receive a comprehensive eye examination and treatment. Being able to provide

follow-up services after a screening is critical. You can't have one without the other.

Lions Clubs are known throughout the world for their work in helping to identify and improve the lives of children and adults who have vision problems and/or a visual impairment. One of the unique and impactful programs that the Manhattan, Kansas Lions Clubs have shouldered is assisting children and adults in the Manhattan-Ogden community who cannot afford an eye examination nor glasses. Most other charitable agencies in this area do not provide nor have funds for the vision needs of these children and adults.

For a number of years, the Manhattan Lions Club offered this program in partnership with Shepherd's Crossing (who vetted all of the adult requests). However, the local community needs became so great in 2012 that the Manhattan Lions Club also applied for a Caroline F. Peine Foundation Grant, which was awarded.

Our clubs receives assistance requests from adults who are unemployed, have a disability, live on a low income or do not have medical insurance for vision. Proper examinations and eyeglasses are needed for safety, employment and the ability to function in activities of daily living.

In 2018, the Lions Clubs extended their partnership to include Manhattan-Ogden USD 383. Initially, the school nurses and social workers request eye examinations and glasses for students who qualify for free and reduced school meals or do not have insurance. Proper examinations and glasses greatly help young and school-aged children with vision problems/impairments. They must be able to see to learn when participating in activities and routines at home, school and within their community.

Request and approval forms and procedures have been developed and annual meetings with our partners are held in order to evaluate our effectiveness. The strong partnerships with Shepherd's Crossing, Manhattan-Ogden USD 383 and its skillful and professional staff who carefully review each request to determine the qualifying need and then assist the children/families to obtain the service has been flawless.

After the vetting process, the request is then submitted to a designee of the Lions Club board for fast and final approval (usually same-day turnaround). The family receives an approval authorization for this service to present to the doctor.

Once services are provided, the doctor's office bills the Manhattan Lions Club for payment in the form of an invoice. An explanatory/transmittal letter from the Club treasurer is then attached to the invoice and submitted to Shepherd's Crossing for direct payment to the doctor.

Our goal as Lions Clubs is the coordination of administrative support, detailed record keeping and responsible oversight of this critical program, along with Shepherd's Crossing, Manhattan-Ogden USD 383 and the ophthalmologists/optometrists serving in Manhattan.

The Manhattan Lions Clubs plan on supporting four requests per month at \$200 per eye exam and glasses. Shepherd's Crossing, as a 501(c)3, which the Lions Clubs are not, can serve as the fiscal agent. The Lions Clubs also will continue to provide funds through annual fundraisers. Manhattan ophthalmologist, Dr. Bill Witt, is also investigating with the Manhattan optometry community other ways they could help ensure program stability.

Getting access to these critical vision care services, which reaches across age ranges from young to school-aged children and then adults, can make a significant difference in their quality of life. Prevent Blindness in 2018 reported that about 50 percent of children ages 3-5 receive a vision screening and only about 30 percent of children receive comprehensive vision care services before age 6. Offering this program provides children and adults access to critical eye examinations and glasses. Certainly, we do not want to turn away anyone who qualifies. Vision is too critical for all to succeed in his/her endeavors!

This is a program that could be replicated in Kansas, with partners willing to make it happen. For more information please contact Monty, 785-532-8374 or [nielsen@ksu.edu](mailto:nielsen@ksu.edu), or Anne Nielsen, 785-477-4072 or [nielsensa@gmail.com](mailto:nielsensa@gmail.com).



## Just for Families

### Interactive books

Toddlers are very active and love to explore. One way to keep them engaged while moving their bodies is through interactive books. Interactive books can be as simple as press here or as advanced as action books. Pop-up books tend to get destroyed quickly in the hands of toddlers, but the books that involve little bodies keep toddlers active, engaged and entertained. Interactive books can improve fine and gross motor skills, following directions and sparking imagination and creativity. You can find these books and many others at your local library. The following list is geared toward toddlers and preschoolers.

- [Press Here](#) by Herve Tullet - Press the yellow dot on the cover of this book, follow the instructions within, and embark upon a magical journey! Each page of this surprising book instructs the reader to press the dots, shake the pages, tilt the book, and who knows what will happen next!
- [Flora the Flamingo](#) by Molly Idle - In this innovative wordless picture book with interactive flaps, Flora and her graceful flamingo friend explore the trials and joys of friendship through an elaborate synchronized dance. With a twist, a turn, and even a flop, these unlikely friends learn at last how to dance together in perfect harmony.
- [Is Everyone Ready for Fun](#) by Jan Thomas - Chicken has some unexpected and exuberant cow visitors who have exciting plans for jumping, dancing, and wiggling on his teeny-tiny couch, and Chicken is none too happy about it. That is until the fun concludes with a quiet, cozy and delicious nap for all!
- [Little Yoga](#) by Rebecca Whitford - Toddlers enjoy moving as they follow the basic poses. Unlike most books on the subject, this book is aimed directly at preschoolers. This interactive picture book also includes helpful information for parents and educators.
- [From Head to Toe](#) by Eric Carle - Throughout this interactive book, the animals of invite young readers to copy their antics as they play. This padded board book has a soft, padded cover and rounded edges, perfect to share with the smallest readers.

Submitted by Kim Page (620-421-6550) or email [kpage@ku.edu](mailto:kpage@ku.edu) for more information.

## New to the ECRC

Chen, D., Calvello, G. & Friedman, C. T. (2015). *Learning together: A parent guide to socially based routines for very young children with visual impairments* (2<sup>nd</sup> ed.). Louisville, KY. American Printing House for the Blind.



### ECRC Spotlight on: Very young children with visual impairments: PAIVI

*Learning together: A parent guide to socially based routines for very young children with visual impairments* (2<sup>nd</sup> ed.)

PAIVI, written by Deborah Chen, Gail Calvello, and Clare Taylor Friedman, is an updated version of the original Parents and Visually Impaired Infants (PAVII). This set of materials is designed to help parents and teachers of infants who are visually impaired become involved as primary members of the intervention team.

The original materials (PAVII) were created as a part of a 3-year project of the Blind Babies Foundation with support from the U.S. Department of Education.

### New PAIVI Practitioners Manual Includes:

- **Parent Assessment of Needs (PAN):** An ecological inventory that helps parents to identify and prioritize home-based goals and objectives for their infants, which may be identified as outcomes on the Individualized Family Service Plan (IFSP).
- **Parent Observation Protocol (POP):** This section encourages parent observation of self and child through video and identifies teaching strategies to facilitate early learning experiences.
- **PAIVI Assessment Guides:** When appropriate, very young children may be assessed on their functional use of vision, hearing, communication, and on their interaction with objects using PAIVI screening checklists.
- **The Art of Home Visiting:** A resource for teachers certified in visual impairments, early childhood special educators, public health nurses, and others who work with families in their homes.

- **CD-ROM** contains a BRF and an HTML file of the manual and PDF files of the assessment forms.

**PAIVI Parent Booklets (included in kit, also available separately):**

- ***Learning Together: A Parent Guide to Socially Based Routines for Very Young Children with Visual Impairments:*** This booklet offers strategies for parents to embed learning opportunities within everyday activities such as mealtime, bathtime, bedtime, playtime, storytime, and going out.
- ***Getting Ready for Preschool: A Parent Guide to Transition:*** This booklet discusses moving from early intervention to preschool services.
- **CD-ROM** contains a BRF and an HTML file of each booklet.

All information retrieved from:  
<https://www.aph.org/product/parents-and-their-infants-with-visual-impairments-paivi-2nd-edition-kit/>.

Resources like this and others are available and may be borrowed from the KITS Early Childhood Resource Center. Contact Kim Page at [resourcecenter@ku.edu](mailto:resourcecenter@ku.edu) or (620 421-6550).

**Contact the KITS**

**Early Childhood Resource Center**

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Our entire catalog is searchable online at [KITS ECRC](http://kskits.org/ecrc/) or <http://kskits.org/ecrc/>



**Collaborative Calendar of Events**

Check the KTIS Collaborative Training Calendar for information on a variety of training event for Kansas early childhood professionals!

DATE	EVENT / LOCATION	SPONSOR / CONTACT / REGISTRATION
9-05-2019	<a href="#">Harness Sensory Preferences to Guide Everyday Life: Everybody Wins!</a>	Division for Early Childhood <a href="http://www.decei.org">www.decei.org</a>
9-11-2019	<a href="#">New Coordinator Training</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
9-23-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
9-25-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
10-01-2019	<a href="#">Division for Early Childhood's 35th Annual International Conference on Young Children with Disabilities and Their Families</a>	Division for Early Childhood's 35th Annual International Conference <a href="http://www.deconference.org/">http://www.deconference.org/</a>
10-02-2019	<a href="#">Zero to Three Conference</a>	Zero to Three <a href="https://www.zerotothree.org/">https://www.zerotothree.org/</a>
10-09-2019	<a href="#">New Coordinator Training</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
10-16-2019	<a href="#">Stepping Out: Family Outings with Young Children with Autism</a>	Military Families Learning Network <a href="https://militaryfamilieslearningnetwork.org/event/30364/">https://militaryfamilieslearningnetwork.org/event/30364/</a>

10-21-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
10-23-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
10-24-2019	<a href="#">Kansas Breastfeeding Coalition Conference</a>	Kansas Breastfeeding Coalition <a href="ksbreastfeeding.org">ksbreastfeeding.org</a>
10-29-2019	<a href="#">Coordinator Meeting</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
11-13-2019	<a href="#">New Coordinator Training</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
11-14-2019	<a href="#">Engaged &amp; Extraordinary: Supporting Young Children with Autism and Other Developmental Disabilities</a>	Military Families Learning Network <a href="https://militaryfamilieslearningnetwork.org/event/22070/">https://militaryfamilieslearningnetwork.org/event/22070/</a>
11-18-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
11-20-2019	<a href="#">Master Coach Call</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
12-04-2019	<a href="#">Primary Service Provider Training</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>
12-04-2019	<a href="#">Welcome to the Group: Inclusion for Young Children with Autism</a>	Military Families Learning Network <a href="https://militaryfamilieslearningnetwork.org/event/30366/">https://militaryfamilieslearningnetwork.org/event/30366/</a>
12-11-2019	<a href="#">New Coordinator Training</a>	KITS - <a href="https://kskits.org">https://kskits.org</a>

### 18 Vision Milestones 0 - 1 year

Check out a new resource developed by the National Center for Children's Vision & Eye Health at Prevent Blindness. It was designed to be used by Early Head Start, Parents as Teachers, and other early care and education programs who routinely have children in their care and are in a position to observe and record the 18 vision milestones that begin at birth up to a child's first birthday. EI staff may find the activities provided in the "next steps" portion of the document of particular interest.

[https://nationalcenter.preventblindness.org/sites/default/files/national/documents/18 Key vision questions.pdf](https://nationalcenter.preventblindness.org/sites/default/files/national/documents/18%20Key%20vision%20questions.pdf)