



SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW^{GOV}HEALTH

IMPORTANT NOTICE

FOR ALL PARENTS/CARERS OF 4 YEAR OLD CHILDREN

Dear Parent/Carer,

RE: STATEWIDE EYESIGHT PRESCHOOLER SCREENING (STEPS)

The Statewide Eyesight Preschooler Screening (STEPS) program is an initiative of the NSW Department of Health and offers all 4 year old children a free vision screening assessment

It is **highly recommended** all 4 year old children participate in the vision screening program as many vision problems remain undetected unless a child's vision is screened by a trained vision screener.

Your child's vision will be screened one eye at a time and **no drops** will be used.

All parents/carers of children who have their vision screened will be informed of the results of their child's vision screening assessment.

Should a vision problem be detected parents/carers will receive a letter asking them to have their child's vision fully tested by an eye health professional.

As children's eyes continue to develop until approximately 8 years of age it is important to ensure every child's vision develops normally throughout these formative years and Sydney South West Area Health Service recommends you have your child's vision tested fully by an eye health professional if you have any concerns regarding your child's vision.

Please complete and sign the attached consent form and return it to your child's preschool as soon as possible so a trained vision screener can test your child's eyes.

If you have any questions regarding the STEPS program, please contact STEPS coordinator on 1300 273 290.

Thank you for participating in the STEPS program.

CONSENT FOR VISION SCREENING

I consent to my child having their vision screened (if 'no' please answer the next question)
 I do not consent to my child having their vision screened because my child has already received a 4 year old vision screen
 Is your child of Aboriginal origin?
 Is your child of Torres Strait Islander origin?
 Is your child of Aboriginal and Torres Strait Island origin?
 Is your child neither Aboriginal or Torres Strait Islander origin?

Yes	No	Yes	No	Yes	No	Yes	No
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Child's Name _____ Sex M / F

Date of Birth _____ Telephone _____
 Address _____

Parent/Guardian Name _____
 NSW _____

Parent / Guardian Signature _____ Date _____
 Please complete the following questions regarding your child's eyes:

1. Do you have any concerns regarding your child's eyes? Yes No
 If yes, what are your concerns? _____
2. Is your child currently under the care of an eye health professional? Yes No
3. Do both eyes look and move together all the time? Yes No
4. Has anyone in your family been prescribed patching or glasses as a child? Yes No
 If yes, who? (Type of glasses, if known)
 Mother _____ Brother _____
 Sister _____ Other _____
 Father _____
5. Are you aware of any childhood eye problems in your family? Yes No
 If yes, who / what? _____

TEST RESULTS

Visual Acuity:

SG Linear 6m without glasses	RVA	LVA
SG Linear 6m with glasses	RVA	LVA
SG Linear 3m without glasses	RVA	LVA
SG Linear 3m with glasses	RVA	LVA

Comments:

<u>Vision Screener</u>	<u>Date</u>
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Results Notification Sent

Referral Report Sent

