General Information for Planning an iSee Ohio Clinic

About the iSee program
iSee Ohio helps children meet their full potential by improving access to quality, comprehensive eye care in their communities... because every child deserves to see. Established in 2003, our work focuses on removing barriers to care, ensuring that every child in Ohio—regardless of their background or circumstances—has access to the eye and vision health care they need to succeed.

We partner with school districts and local Doctors of Optometry to organize school-based clinics where comprehensive eye exams and glasses are provided at no charge to students. iSee Ohio exists to address several barriers to students receiving eye care by bringing eye exams and glasses directly to schools. Barriers such as transportation, time, resources, and an understanding of the importance of eye care, are contributing to students not receiving much needed services.

The Ohio Department of Health's 2020-2021 Annual Report on school vision screening revealed that over 80% of students in Ohio referred from school-based vision screenings do not receive needed follow-up care with an eye care provider. With 80% of learning coming through the visual system, many of these children are at a significant disadvantage when it comes to learning and succeeding in school. If a vision problem is not identified and corrected at an early age, a child may have permanent, uncorrectable vision loss that could potentially limit opportunities throughout his or her lifetime.[1] Furthermore, a significant percentage of children on Individualized Education Plans and children who are struggling academically and behaviorally, may have vision problems that are either undetected or untreated.[2]

Cost
iSee Ohio clinics are provided at no cost to parents/guardians, students or school districts and we do not bill insurance for services. Doctors of Optometry and optometric staff volunteer their time to provide the exams and recommendations for follow-up care, if needed. Eye glass frames and lenses are also donated.

Timeframe for hosting a clinic

- From the first inquiry to the delivery of eyeglasses, it can take 8-10 weeks to organize a clinic.
- As a clinic is being set up, the duration can be tailored to meet the needs of a school district and the availability of eye care providers.
- A clinic can be a half-day, full-day or multiple consecutive or non-concurrent days.
- Exams can be held any day of the week that is agreed upon between the district and provider.
- Equipment can be set up either the day before or the morning of a clinic.
- The location needs a darkened space for one exam lane and pre-test equipment, as well as an area for activities for children waiting for exams.
- Post-event, eyeglasses are delivered to the school and dispensed by an optometrist or licensed optician.

Number of students

Typically, volunteer optometrists can see between 15-20 students during a one-day clinic to maximize our effectiveness. Depending on the school districts' needs and the eye care provider's availability, additional single day clinics can be scheduled.

---

[1] *Vision In Preschoolers Study (Professor Charles Sheard The Ohio State University, Department of Physics).*
Centers for Disease Control and Prevention, (2007). Improving the Nation's Vision Health: A Coordinated Public Health Approach.

[2] Walline, J.; Carder, E; *Vision Problems of Children with Individualized Education Programs; J Behav Optom, 2012, 23 (4): 87-93.*

Student Eligibility
The program is available to students enrolled in K through 12th grade, and is not open to the public or adults. Students who are ***not*** currently under the care of a provider (not having had an eye exam in the previous 12 months) are eligible to participate in an iSee clinic if they have been:

- Referred to an eye doctor from school-based vision screening conducted during the current school year;
- Recently placed on an Individualized Education Plan; or
- Suspected of having a vision disorder by a parent/guardian or member of the school staff.

Priority should be given to low-income students without insurance. Students covered by Medicaid are also eligible, as are students in households that are underinsured.

In order to participate, students must complete the following forms prior to an iSee Ohio clinic event:

- Patient consent form
- Health history
- Multi-media release form

Please complete the Clinic Request form, and review the enclosed School Nurse Coordination Checklist for further details on the school district's responsibilities.

For questions about one-day clinics, please contact our program coordinators at info@iseeohio.org.

School Nurse Coordination Checklist

☐ **Complete an Request a Vision Clinic - iSee Ohio**

☐ **Initial logistics planning**

a. Determine date of project with iSee Ohio.
b. Arrange for space requirements and obtain appropriate approvals from school administrators.
c. Location information:
   i. Ideal location has two areas in close proximity but with privacy concerns considered.
   ii. Exam areas should be at least 10ft x 20ft.
   iii. Additional areas needed for checking in students, pre-test and frame selection. This can all be done in one general area if needed with space requirements of 5ft x 20ft.
   iv. Minimal student traffic is preferred.
   v. Access to additional tables and chairs for students and volunteers.
   vi. Depending on the school day schedule, area may need to be available for equipment set-up the day before the event.
   vii. Access to a copier may be needed so we can provide you with copies of exam summaries for your records or we may ask you to make copies.
   viii. Areas must be able to be **secured/locked** when the event is not in progress.
   ix. If students are to be brought in from other buildings within the school district, the school must make those arrangements. iSee Ohio does not provide transportation for students.

☐ **Student Eligibility**

The program is available to students enrolled in K through 12th grade, and is not open to the public or adults. Students who are ***not*** currently under the care of a provider (not having had an eye exam in the previous 12 months) are eligible to participate in an iSee clinic if they have been:

- Referred to an eye doctor from school-based vision screening conducted during the current school year;
- Recently placed on an Individualized Education Plan; or
- Suspected of having a vision disorder by a parent/guardian or member of the school staff.

Priority should be given to low-income students without insurance. Students covered by Medicaid are also eligible, as are students in households that are underinsured.

2. Screenings and Forms

Students must complete the following enclosed forms prior to iSee event:

a. Patient consent
b. Health history
c. Multi-media release form

- Patient consent form: **Consent forms must be signed by a parent or legal guardian for all students. NO EXCEPTIONS!**
- Send parental consent forms and history forms home to be filled out by parents. Consider developing a cover letter to explain the project to accompany the consent forms and history forms.
- Vision Screenings: If need be, conduct screenings no later than 2 weeks before iSee event date.

Copies of the school vision screening form must accompany the child the day of the exam along with the consent form and medical history form so it can be used during the exam with the doctor. A referral from a vision screening should include the reason for the failed screening (couldn't pass Randot or Lea Chart, e.g.).

☐ **Minimum number requirements**

- A minimum of 15 and a maximum of 20 students can be selected by the Host for a full-day clinic, while a minimum of 8-10 with a maximum of 12 students for a half-day clinic. The length of clinic may be determined by availability of volunteer doctors and space within the school.

☐ **Scheduling students and securing volunteers**

- Develop custom appointment schedule based on school hours, keeping bus schedules and lunches in mind. For one day clinics, typically, one student can be seen every twenty to thirty minutes. For two-day events, typically, two students can be seen every twenty to thirty minutes. A sample schedule is enclosed.
- Determine a method to dismiss students from their classroom and arrive at the examination site. Scheduling the students around their lunch period will need to be determined.
- Determine what volunteers the school or parent groups can provide on the examination dates. If students are to be brought in from other buildings within the school district, the school must make those arrangements. iSee does not provide transportation for students.
- iSee Ohio will work with providers to secure additional help for pre-testing and exams, when possible.

☐ **Dispensing of glasses**

For those students who are prescribed eyeglasses, they will be brought to the school and dispensed to the students by a volunteer optometrist or optician within 2-3 weeks following the examinations. You will be provided with information to contact the volunteer doctor or optician to make arrangements for a mutually acceptable time and place to dispense the glasses to the students. Assistance may also come from iSee Ohio staff depending on availability.

Ohio Optometric Foundation
Confidential History

Parents or Guardians: Please complete every question on this form. Do not leave any question blank. You may write "not applicable," "N/A", "unknown" or "none" if a question does not apply to your child. This information is important to ensure a complete eye examination. **A completed form is required in order for your child to participate in this program.**

Child's name:	**Age:____ Birthdate:_____**
	Teacher name:
Parent/Guardian's Name:	**Grade:_____ School:_____**
	Home/Mobile Phone#:

Address:_____

Street address Apt# City State Zip

Is your child covered by Ohio Medicaid? (circle one) Yes No

Other Vision Insurance:_____ **Other Medical Insurance:**_____

Tell Us About Your Child's Vision and Eye Health History

What is the date of your child's last eye exam?_____ **Eye Doctor's name**_____

Please check any of the following problems your child is currently having:

- ☐ Distance vision is blurry
- ☐ Near vision is blurry
- ☐ Spots or Floaters
- ☐ Flashes of Light
- ☐ Headaches
- ☐ Double vision
- ☐ Watering
- ☐ Glare
- ☐ Eyestrain
- ☐ Itching
- ☐ Burning
- ☐ Eye pain

Please check any of the below if your child has ever had:

- ☐ Eye infection
- ☐ Eye Injury
- ☐ Patching or vision therapy
- ☐ An eye turn or a "lazy" eye
- ☐ Other eye problem:____
- ☐ Eye Surgery
- ☐ Cataracts
- ☐ Head injury

Tell Us About Your Child's Medical Health History

What is the date of your child's last physical exam?_____ Doctor's name_____

Check any of the below if your child has been diagnosed with any of the following:

- ☐ Developmental delay/disorder
- ☐ Behavioral disorder
- ☐ Diabetes
- ☐ Breathing problems (example: asthma)
- ☐ Heart problems
- ☐ Digestive system problems
- ☐ Thyroid disorder
- ☐ Blood disorder
- ☐ Neurologic disorder
- ☐ Skin disorder
- ☐ Bone/Muscle disorder
- ☐ Ear/Nose /Throat disorder
- ☐ My child does not have any medical health problems

Check any of the boxes below if anyone in **your child's immediate family** has been diagnosed with any of the following:

- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detachments/disorder
- ☐ Thyroid disorder
- ☐ Diabetes
- ☐ High Blood Pressure

List any medications your child is currently taking. (Include any inhalers, eye drops, or over the counter medications.) Write "none" if your child is not taking any medications.

_____

_____

List your child's medication allergies, food allergies, seasonal or environmental allergies below. Write "none" if your child has no known allergies.

_____

_____

PATIENT CONSENT FORM

I hereby consent to permit my child to receive a comprehensive or intermediate eye exam, and, if prescribed, lens and frame services through the Ohio Optometric Foundation.

A complete eye exam may include the use of dilating drops that will cause the pupils to enlarge. Dilation of the pupils will facilitate the determination of an accurate prescription for eyeglasses and will allow proper viewing of the inside of the eye. Temporary blurred vision that may last up to 24 hours and light sensitivity are typical side effects of dilating drops. Very rare complications may include an allergic reaction to the drop or an acute increase in intraocular pressure.

By signing this document, I am consenting to any and all procedures the Optometrist deems necessary to examine and treat my child and I understand that rare complications may arise.

I certify that I am of legal age and that I have read and understand this form, and that this form has been voluntarily executed on the date indicated below.

Student Name:_____
(print name please)

Parent/Guardian Name:_____
(print name please)

Parent/Guardian Signature: _____Date:_____

OR

Student Signature (if 18 years or older)_____Date:_____

About iSee Ohio, Ohio Optometric Foundation
The iSee Ohio, Ohio Optometric Foundation is a 501(c)(3) nonprofit organization, whose mission is to improve the visual health and welfare of Ohio's citizens. The Ohio Optometric Foundation achieves its goals through programs that improve the vision and eye health of the citizens of Ohio; provide opportunities and resources for children and underserved individuals to obtain eye health care; and promote public awareness of the importance of a lifetime of comprehensive eye care.

Ohio Optometric Foundation Media Authorizations and Release

(Photo, Video, and Testimonial)

I hereby authorize the Ohio Optometric Foundation, and/or its representative(s) (the "Foundation"), to use, disclose, publish, copyright and/or otherwise make available my information, personal image, testimonial or other materials, in whole or in part, to the general public for purposes of community relations initiatives, event announcements and promotions, social media outreach, advertising, training activities, Foundation programs, and other communications activities, including putting this material on the Foundation's web page. This Authorization and Release covers all forms of media, including print, digital, and electronic media in every form and forum.

I understand that:

- This Authorization and Release has no expiration. A copy of this Authorization and Release is valid as the original. I hereby waive the right to inspect and/or approve the finished copy of any print, digital, or electronic media that may be produced using my information, image, testimonial or other materials or eventual use to which it might be applied.

- No money will ever be due to me from the Foundation or any source as a result of the publication, use, or disclosure of my information, personal image, testimonial or other materials that I have authorized to be used or disclosed by this Authorization and Release.

- I forever release and discharge Foundation from all claims and demands arising out of or in connection with any and all rights I may have or may have had in my information, personal image, testimonial or other materials that I have authorized to be used and disclosed in this Authorization and Release including, but not limited to, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

Personal Signature:

By signing below, I acknowledge this Authorization and Release is a voluntary contribution and that I have read this Authorization and Release carefully and fully understand it.

Signature:_____Date:_____

If Patient is a minor,

Parent/Guardian

Signature: _____Date: _____

☐ I do not consent.

Signature: _____Date: _____

Sample Student Exam Schedule

Date:

Time	Name	Age/School	Name	Age/School
7:45am students				
8:15 am students				
8:40 am students				
9:00 am students				
9:20 am students				
9:40 am students				
10:00 am students				
10:30 am students				
11:00 am students				
11:20 pm students				
11:40 pm students				
12:00 pm students				
12:20 pm students				
12:40 pm students				
1:00 pm students				
1:20 pm students				
1:40 pm students				
2:00 pm students				

Date:

Time	Name	Age/School	Name	Age/School
7:45am students				
8:15 am students				
8:40 am students				
9:00 am students				
9:20 am students				
9:40 am students				
10:00 am students				
10:30 am students				
11:00 am students				
11:20 pm students				
11:40 pm students				
12:00 pm students				
12:20 pm students				
12:40 pm students				
1:00 pm students				
1:20 pm students				
1:40 pm students				
2:00 pm students				

This is just a suggestion for a schedule. It is sometimes helpful to reserve a few students from the school that is hosting the program that can be pulled down for an exam if we are ahead of schedule to fill in gaps or for at the end of the day so that they can get to their bus on time. We may need to modify the schedule as we go along. Try to schedule the students as evenly as possible so we don't have all of the students scheduled in the morning and none in the afternoon, or all of the students scheduled on one day and only a few on the next. If there are fewer students expected, consider scheduling them on the half hour instead. Keep in mind that the students may need a lunch. Some students may be dilated at the discretion of the doctor, which may take additional time while the eyedrops take effect. It is best to bring small groups of students to the exam area (an example would be no more than 5-6 at a time) so that they are not waiting to see the doctor for extended periods of time.

FOR IMMEDIATE RELEASE
Date:
Contact: iSee Ohio
Telephone: 614-781-0708
E-mail: info@iseeohio.org
Website: www.iseeohio.org

iSee Ohio Announces School-Based Clinic at INSERT School Name

COLUMBUS, OHIO – Today, iSee Ohio, the Ohio Optometric Foundation announced that it will hold a school-based vision clinic on **insert date(s)** in the **insert school district**. The program will provide comprehensive eye exams by **insert OD name** in addition to providing custom eyeglasses at no charge to over **insert #of students** who were referred from a vision screening.

The Ohio Department of Health reports that over 70% of students referred to an eye doctor from a school vision screening, do not receive their necessary follow-up care. The iSee Ohio seeks to bridge that gap by bringing comprehensive eye examinations and eyewear directly to students. Since its inception, the iSee Ohio has treated over 3,500 students across the state. Over 80% of those students required eyeglasses and over 13% were found to have Amblyopia (commonly referred to as "lazy eye") or other serious eye conditions.

For more details, including information on how to request an iSee Ohio clinic at your school, visit: About Our Vision Clinics.

iSee Ohio helps children meet their full potential by improving access to quality, comprehensive eye care in their communities... because every child deserves to see.

Patient Name_____ **Age**:_____ **Date:**_____

Chief Complaint:

School:_____

Previous RX

	Sph	Cyl	Axis	Prism	Add
OD					
OS					

ACUITY	With RX		Without RX	
	Distance	Near	Distance	Near
OD				
OS				
OU				

Auto Refraction

OD_____

OS_____

Retinoscopy

OD_____ 20/____

OS_____ 20/____

Refraction

OD_____ 20/____

OS_____ 20/____

Accommodative testing: NRA_____ PRA_____

Binocular XCyl _____

Stereoacuity: _____sec.

Color Vision:_____/_____correct

IOP: _____OD_____OS Method: iCare or Palpations

Confrontations: Full OD other:_____
Full OS other:_____

Versions: Smooth and full other:_____

NPC:_____ **Pupils:** PERRL (-) APD other:_____

Cover test:

Distance:_____exo eso phoria tropia

Near:_____exo eso phoria tropia

Dilation: 0.5% / 1.0% Tropicamide or 1% Cyclopentolate

Time of dilation:_____

OTHER NOTES:

OCULAR HEALTH EXAMINATION

	OD	OS	
Lids:	WNL	WNL	_____
Lashes:	WNL	WNL	_____
Cornea:	WNL	WNL	_____
Conjunctiva:	WNL	WNL	_____
Iris:	WNL	WNL	_____
Lens:	WNL	WNL	_____
Anterior chamber:	WNL	WNL	_____
C/D	____	____	
Optic nerve:	WNL	WNL	_____
Vitreous:	WNL	WNL	_____
Macula:	WNL	WNL	_____
Vasculature:	WNL	WNL	_____
Periphery:	WNL	WNL	_____

Assessment:

☐Myopia ☐Hyperopia ☐Astigmatism
☐Strabismus ☐Amblyopia
Other:

Plan:

Doctor_____

FINAL RX	Sph	Cyl	Axis	Prism	Add***
OD					
OS					

Frame Style

Color

Eye Size_____DBL_____Temple_____

PD: _____OD _____OS _____OU

*****SEG HEIGHT IF BIFOCAL:**

Dear Parent or Guardian,

It has been a pleasure to provide vision care to your child. This one-of-a-kind project was made possible through the volunteer efforts of your school nurses and administration, the OneSight EssilorLuxottica Foundation, numerous frame manufacturers, local optometrists and the Ohio Optometric Foundation.

We hope that the experience has been a positive one for your child, and that their eye care needs have been met for the time being. Remembering that 80% of what a child learns is through the visual system, it is easy to understand the importance of a lifetime of comprehensive eye care. We encourage you to establish a pattern of yearly eye exams for your child and your entire family. We have included a list of doctors in the area who are willing to see new patients. There are many qualified optometrists in your area who can provide you and your family with the eye care you need.

If you have any questions, please feel free to contact the Ohio Optometric Foundation at (614) 781-0708.

Eye Examination Summary for:

Attending (school):

☐ **FOLLOW-UP NECESSARY**

Your child requires further evaluation or testing. Please see doctor's notes below and attached list of follow-up providers.

☐ **NEEDS GLASSES**

Your child has problems seeing clearly. They will get new glasses in a few weeks.

☐ **GOOD VISION & EYE HEALTH**

No problems were found today. The next eye exam should be in one year.

The eye exam tested these parts of their vision:

We checked how clearly your child sees.	PASS	NEEDS ATTENTION
We checked how well your child's eyes focus.	PASS	NEEDS ATTENTION
We checked how well your child's eyes work together.	PASS	NEEDS ATTENTION
We checked the health of your child's eyes.	PASS	NEEDS ATTENTION
Does your child need glasses?	NO	YES

Your child needs glasses because they have the following vision problems:

- ☐ Nearsighted (blurred far vision)
- ☐ Farsighted (keeping near vision clear is hard)
- ☐ Astigmatism (blurred, shadowed vision at any distance)
- ☐ Amblyopia (poor vision due to not wearing glasses or having an eye turn)

Glasses should be worn:

- ☐ All the time
- ☐ At school
- ☐ While reading/screen use
- ☐ Other:

Spectacle RX		Sph	Cyl	Axis	Add	Prism		
	O.D.							
	O.S.							

Doctor Recommendations

Examination performed by _____ Expiration Date_____

License # _____

Ohio Amblyope Registry Information Sheet

Dear Parent or Guardian,

Your child was seen for an eye examination through the iSee program and was identified as possibly having a condition called amblyopia. If your child is already undergoing treatment for amblyopia, then you should continue the care plan that your eye doctor has already determined. If your child is not undergoing treatment, you should make arrangements with an eye care provider for an evaluation within a month of your child receiving his or her new eyeglasses. We have provided information and an application to receive ***a free amblyopia kit***…the kit and the eyepatches must only be used under the direction of your eye doctor. Applying an eye patch to the wrong eye or patching incorrectly can be detrimental. If patching is recommended, it should only be done under the guidance of your eye doctor.

What is Amblyopia?

- The loss of, or lack of, central vision in one eye that is not caused by any eye health problem and is not correctable with any type of spectacle lens.
- It is sometimes called a lazy eye. Lazy eye (amblyopia) is not the same as crossed eyes (this is called strabismus).
- Amblyopia usually develops in children before the age of six and it can be treated if it is identified early enough.
- If it is not identified and treated prior to the age of 8, the vision loss may become permanent. After this point even eyeglasses will not improve the child's vision.

Amblyopia is most often associated with an unusually high degree of **nearsightedness** or **farsightedness** in one or both eyes. When one eye is highly farsighted and the other eye has normal vision, the eye that is farsighted will send a weaker neuron-electrical signal of a blurry image to the brain. The normal eye sends a stronger signal of a clear image. Since the brain never receives a clear image or a strong enough signal from the farsighted eye, it may shut off the input from that eye (suppression) and the eye may turn inward. During the first six to nine years of life, the visual system develops very rapidly. Complicated connections between the eye and the brain are created during that period of growth and development. It will not develop normally in the eye that is not being used.

Children with amblyopia often do not show any outward signs of any vision problems, and most often will not notice on their own that one eye is unable to see...therefore, it is not unusual that parents are often unaware that there is a problem. Detecting amblyopia is the key to early treatment.

Amblyopia is the most common cause of visual impairment in childhood. The condition affects approximately 2 to 3 out of every 100 children. Unless it is successfully treated in early childhood, amblyopia usually persists into adulthood, and is the most common cause of monocular (one eye) visual impairment among children and young and middle-aged adults.

How is Amblyopia Treated?

There are several treatments for amblyopia.

- Wearing corrective lenses full time and/or placing a patch over the stronger eye for several weeks will stimulate and strengthen the signals from the eye with amblyopia leading to more normal nerve function in the brain, which gradually improves vision in that eye.
- There are also other treatments that your doctor may discuss with you. With treatment, the vision in the weaker eye can greatly improve. This does not mean that the child will not need glasses anymore after treatment. The goal of treatment is to improve the vision of the weaker eye with eyeglass correction.

Your eye doctor can provide you with guidance to help your child to overcome amblyopia and to achieve the best possible vision in both eyes.