

Eyes that Thrive In School

A program to support school based care of prescribed vision treatment plans following the diagnosis of a vision condition. Treatment plans may include eyeglasses, eye patches, medication or monitoring.

Implementation of the Eyes that Thrive in School Program requires collaboration and commitment between families, eye doctors (optometrists and ophthalmologists), school nurses/health managers, educators and primary care providers.

Goal: To contribute to a child's growth, development, education and lifelong visual health by facilitating adherence to prescribed vision treatment plans through school based advocacy, communication and action.

Program Components: Vision Action Plan; Education Cards; Two Pair of Eyeglasses; Treatment Tracker

VISION ACTION PLAN; EDUCATION CARDS AND TREATMENT TRACKER FORMS ARE AVAILABLE AT:

www.preventblindness.org

VISION ACTION PLAN

1. The **Vision Action Plan (VAP)** communicates details of a child's vision treatment plan in language that is easy to understand. It is completed by the eye doctor for children who require treatment for vision and eye health conditions, and is sent to the child's school and primary care practice. The form is available:
 - a. directly on the Prevent Blindness America website,
 - b. electronically or by fax, from the school, or
 - c. from the parent at the time of the eye exam appointment (school nurses and health managers should include a copy with the school vision screening referral letter that is sent home to parent).
2. After a child is diagnosed with a vision condition, or after a follow-up eye exam, the eye doctor completes a VAP. The parent/guardian gives permission through signature on the VAP for the form to be sent to the school nurse/health manager and shared with the teacher, as well as sent to the primary care provider.
3. **The VAP** and eye exam report are sent by the eye doctor to the school nurse and primary care provider by fax, email or mail per standard practice.
4. **The VAP** is filed in child's school health record and shared with the child's classroom teacher by the school nurse/health manager

EDUCATION CARDS

1. The **Education Cards** include information that is unique to the child's vision condition and includes implications for the child relative to his/her condition and reasons that treatment and follow-up are important; Frequently Asked Questions are included.
2. When a vision condition is diagnosed, or after a follow-up exam, the eye doctor includes the appropriate Education Card with the VAP and eye exam report that is sent to the school. An Education Card is also given to the parent/guardian at time of the eye exam. (**Education Cards** are available in multiple languages.)

EYEGASSES AND SUPERSPECS INFORMATION CARDS

1. Two pairs of prescription eyeglasses, one pair for home and one pair for school, are obtained for the child; the school pair is kept in the classroom and is the responsibility of the classroom teacher.
2. **Super Specs** Information Cards provide information on care of eyeglasses and are available in multiple languages.

*Although this is considered a valuable component to the Eyes that Thrive in School Program, **additional funding is required. In some cases, a child with a high prescription or other special circumstances will be able to obtain a second pair of prescription lenses through insurance benefits.***

TREATMENT TRACKER

1. The **Treatment Tracker** is a classroom based tool to be used by the classroom teacher to document and encourage compliance with the Vision Action Plan. The document is confidential and shared only with the parent and school nurse. In collaboration with the parent, the form can be modified to provide daily, weekly or monthly communication between home and school and serve to motivate and reward success regarding compliance with the Vision Action Plan.

RESPONSIBILITIES

1. The **parent/guardian** is responsible for facilitating a referred child's eye exam and recommended follow-up eye exams and interventions (eyeglasses, etc).
2. The **eye doctor** is responsible for sending a copy of the VAP to the school nurse/health manager and to the primary care provider.
3. The **eye doctor** and **school nurse/health manager** are responsible for maintaining a current VAP, with the **school nurse/health manager** responsible for clarification as needed.
4. The **school nurse/health manager** is responsible for providing the Treatment Tracker to the **classroom teacher** at the time that s/he discusses the Vision Action Plan with the teacher.
5. The **classroom teacher** is responsible for maintaining the Treatment Tracker and, in agreement with the **parent/guardian**, developing a family friendly version of the Tracker that will support success with compliance.
6. The **primary care provider** is informed of the child's vision diagnosis through the eye exam report and Vision Action Plan and serves as a resource and expert advocate in supporting compliance.