

HB 7253: An Act Regarding Minor Revisions to the Education Statute - **Specific to Sec. 5. Subsection (a) of section 10-214**

Dear Chairmen Boucher, Fleischmann, Slossberg, Ranking Member Lavielle and Members of the Education Committee,

As our public school children attend school, nurses in the system have detailed work to help make sure our children are ready to learn. One job is to screen a child's vision. Approximately 20% of children are reported to have some issue with vision. (College of Optometrists in Vision Development – COVD, 2016). The current policy to screen at certain grade levels, as well as require nurse and school staff recommendations for full vision exams for those children who might fail the school level screenings is adequate. However, CT's school vision screenings in practice are not up-to-date.

Children need to not only have their distance vision (blackboard) vision screened, which is the current practice in most states around the country and dates back to the time of the Civil War. Children need near vision (arms-length; book in hand) screening, as well as whether the eyes are working in tandem, or teaming; and the work of teaming across a book page (tracking). It is time for CT to work to improve vision screenings so that children will have a greater ability to have issues with vision system determined at an early age.

Currently four states: IN, KY, CA and WA have updated their school vision screenings in the past 4 years to include more than screening for distance. Let's make CT the 5th state to improve school vision screenings

There are many positives points to consider in improving school vision screenings. Basic screenings find issues such myopia, hyperopia, as well as more issues of concern such as amblyopia, strabismus, and possibly other issues with laterality and directionality (which share components with dyslexia), Convergence Insufficiency and other issues.

Children with undetected vision issues may not be able to learn well. Some eye muscles development occurs approximately between 6 and 8 years of age (Ames, Gillespie & Streff, 1972). Issues may further be exacerbated by CT Core Standards, pushing curriculum down onto developmentally unready children. Over time, a child being expected to learn and not have the ability may lead to behavioral issues, and even possibly juvenile delinquency (Bachara & Zaba, 1978; Shelley-Tremblay, O'Brien, Langhinrichsen-Rolling, 2006).

Potential modifications to the statute Sec. 5. Subsection (a) of section 10-214 :

Each local or regional board of education shall provide annually to each pupil in kindergarten and grades one and three to five, inclusive, a vision screening, using a Snellen chart, ~~or equivalent screening.~~ **In 3rd and 5th near screening (hyperopia) and tracking as well as stereo for children in 3rd and 5th, as well as for any new students entering the school not previously screened, Special Education students, and any teacher recommended screening.** The **school nurse** or superintendent of schools shall give written notice to the parent or guardian of each pupil (1) who is found to have any defect of vision or disease of the eyes, with a brief statement describing such defect or disease and a recommendation for the pupil to be examined by an optometrist licensed under chapter 380 or an ophthalmologist licensed under chapter 370, and (2) who did not receive such vision screening, with a brief statement explaining why such pupil did not receive such vision screening

Actual Tools are needed.

Cost - cost of 3 times the time for a nurse to screen; cost of a near acuity (Jaeger chart - font at 16 - 18" distance) \$\$ stereo card (other more simple screen) \$\$

For the cost of \$170 a school screening. <https://www.schoolhealth.com/prevent-blindness-oklahoma-training-kit>

or SpotVision computerized vision screening tool- \$\$\$

Sincerely,

Anne Manusky
Easton, CT