

# Children and Young People's Services

## **Indications and Awareness of Vision Difficulties**

Children can present with the following indications of a possible visual impairment:

### **Baby**

- Are the baby's eyes red, inflamed, itchy?
- Are the eyes excessively watery?
- Are the eyes excessively rubbed?
- Are the eye lids puffy or swollen?
- Do the baby's eyes wobble or are the eyes constantly in motion?
- Is there anything unusual about how the eye looks?
- Is the structure of the baby's eye, unusual?
- Do the baby's eye/eyes look cloudy?
- In photographs do your baby's eyes look white?
- When looking at something is the baby's head posture unusual?
- Does bright light cause discomfort?
- Does the baby fail to make eye contact?
- Does your baby fail to smile at people?
- Are you aware of a family member with a visual impairment?
- Does your baby poke his/her eyes?

### **Toddler/Small Child**

- Does the child walk into things, e.g., doorframes, coffee tables?
- Does the child have difficulty with steps and stairs?
- Does the child have poor hand-eye co-ordination, difficulty throwing, catching and kicking, tripping or bumping into things, unsteady on feet?
- Does the child sit close to things they wish to see e.g., television?
- Has the child's behaviour altered recently?
- Does the child complain of difficulty seeing in the dark or dim lighting?
- Does the child complain of extreme intolerance when in bright light?
- Does the child squint, frown or peer at work?



#### **Education**

- Is the child/young person reluctant to play games and join in activities?
- Does the child/young person have a short attention span, withdrawn, slow development?
- Has the child/young person's behaviour altered recently?
- When looking at something is the child/young person's head posture unusual?
- Does the child/young person complain of difficulty seeing in the dark or dim lighting?
- Does the child/young person complain of extreme intolerance when in bright light?
- Does the child/young person squint, frown or peer at work?
- Does the child/young person close or cover one eye when looking at work?
- Does the child/young person blink excessively, experience dizziness or headaches?
- Does the child/young person's head turn to follow a line across the page when reading?
- Does the child/young person hold work very close or bend over work?
- Is there unusual head posture or is work held at an unusual angle?
- Does the child/young person have general reading difficulties, reversing letters, omitting words, losing place, missing out words and lines when reading.
- Does the child/young person write in excessively large letters and not on the line, using a finger to keep the place on the page?
- Does the child/young person experience unusual fatigue after a visual task, possibly complaining that work sheets are too small, too faint?
- Does the child/young person work slowly? At such times are the child/young person's eyes reddish in appearance?
- Does the child/young person complain that he/she cannot see the classroom Board?
- Does the child/young person talk of restricted vision?

For further support contact:

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