Thank you for participating in the STEPS program.

If you have any questions regarding the STEPS program, please contact STEPS.

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.

Please note that the Sydney South West Area Health Service recommends you have your child’s vision tested by an eye health professional. Should a vision problem be detected, parents/carers will receive a letter asking them to have their child’s vision assessed.

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

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

By a trained vision screener.

It is highly recommended all 4-year-old children participate in the vision screening assessment.

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

RE: STATERWIDE EYESHIFT PRESCHOOLER SCREENING (STEPS)

Dear Parent/Carer:

FOR ALL PARENTS/CARRERS OF 4 YEAR OLD CHILDREN

IMPORTANT NOTICE

NSW HEALTH
AREA HEALTH SERVICE
SYDNEY SOUTH WEST

STEPS
Are you aware of any childhood eye problems in your family?  
Yes  No

Father  
Mother  
Brother  
Sister

If yes, who? (Type of glasses, if known)

Has anyone in your family been prescribed patching or glasses?  
Yes  No

Do both eyes look and move together all the time?  
Yes  No

Is your child currently under the care of an eye health professional?  
Yes  No

Do you have any concerns regarding your child's eyes?  
Yes  No

Please complete the following questions regarding your child's eyes:

Date

Name

Address

Telephone

Sex  M / F

Is your child neither Abnormal or Torres Strait Islander Origin?  
Yes  No

Is your child neither Abnormal or Torres Strait Islander Origin?  
Yes  No

Is your child neither Abnormal or Torres Strait Islander Origin?  
Yes  No

Child has already received a 4 year old vision screen  
Yes  No

I do not consent to my child having their vision screened because my  
Yes  No

I consent to my child having their vision screened

CONSENT FOR VISION SCREENING

NSW HEALTH

AERIAL HEALTH SERVICE

SYDNEY SOUTH WEST
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:

Vision Screener ___________________________ Date ___________________________

Results Notification Sent ___________________________

Referral Report Sent ___________________________