NEBRASKA FOUNDATION FOR CHILDREN'S VISION

Vision & Learning Project Reimbursement Form

Student's Name _____ School_____Date of Exam_____Age:___

Visual Acuity at 20 feet:

Entering	R 20/ ____	L 20/ _____
With new correction	R 20/ ____	L 20/ _____

Visual Acuity at 16 inches:

Entering	R 16"/ ____	L 16"/ _____
With new correction	R 16"/ ____	L 16"/ _____

I give permission to release this information to my child's school.

Parent/Guardian_____

Date _____

External Eye Health: ____Normal ____Other

Internal Eye Health: ____Normal ____Other

Refractive Analysis: ____Myopia (nearsighted) ____Hyperopia (farsighted) ____Astigmatism

Vision/Binocularity Analysis:	**Pass**	**Borderline**	**Fail**	**Not Tested**
Eye alignment at distance	____	____	____	____
Eye alignment at near	____	____	____	____
Depth Perception	____	____	____	____
Color Vision	____	____	____	____
Focusing amount	____	____	____	____
Focusing flexibility	____	____	____	____
Focusing lag (accuracy)	____	____	____	____
Convergence (crossing) ability	____	____	____	____
Saccade (rapid) eye movements	____	____	____	____
Pursuit (tracking) eye movements	____	____	____	____

Visual Perceptual Analysis:

_____Visual perceptual problems suspected by history _____Visual perceptual deficits diagnosed during testing

Comments:

Treatment:

____No correction necessary
____No change in present prescription
____New prescription needed
____Medical treatment needed for: _____
____Vision Therapy needed for: _____
____Recommend scheduling Visual Perceptual Evaluation
____Follow-up recommended _____
Classroom Recommendations:
Other:

To be worn for:

____Constant wear ____Near vision only
____Distance vision only ____May be removed for recess

Submit a copy of this form to NFCV for reimbursement.

Please Print

Dr._____Date_____

Phone_____

Practice Name:_____

Email_____

Address: _____

_____

Services Performed: ☐ Exam ($45) ☐ Dispensing: ($70)

Frames (invoice cost-maximum of $45):_____

Lenses (invoice cost-maximum of $41 per lens):_____

Return form to the Nebraska Foundation for Children's Vision

- **Mail:** 1633 Normandy Court, Ste. A, Lincoln, NE 68512
- **Fax:** 402-476-6547
- **Email:** nfcv@assocoffice.net
- **Online:** nechildrensvision.org/visionandlearningproject.htm

White copy: File
Yellow copy: Return to NFCV
Pink copy: School