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Detecting the Visually Inefficient Children in Our Classrooms

by RICHARD D. ELDER

The Importance of Visual Efficiency

More children and youth are reading (or being exposed to) printed matter today than ever before in our history. Since it is not unusual to find a high percentage of learning activities requiring the use of vision, it is evident that we in education have come to rely upon vision more than any other sense. It is further evident that the amount of success which each pupil experiences (in relation to his own ability) is closely related to the kinds of visual abilities which he brings to the classroom. It follows, then, that each pupil must be able to use his eyes efficiently -- that is, without strain, fatigue, or other debilitating influences. Visual efficiency can cause a pupil to be uncomfortable and can, therefore, interfere with his visual attention and concentration and consequently with his general persistence. Visual efficiency, with the related factor of personal comfort, is a crucial readiness factor in the learning process at any grade level.

Some Elements of Good Visual Efficiency

NEAR VISION: ability to focus and see clearly and comfortably with both eyes and each eye separately at a dis-

tance of about 15 inches. This is the distance at which most school work is done.

DISTANT VISION: the same as above for a distance of 20 feet or more. This is necessary to see the chalkboard, to enjoy motion pictures, and to engage in sports.

BINOCULAR CO-ORDINATION: ability to make the two eyes work together. This is necessary for art work, handicrafts, and play activities, as well as for efficiency in reading.

ADEQUATE FIELD OF VISION: ability to see to both sides and up and down while focusing on a small target. This saves unnecessary eye and head movements and is essential for participation in sports and for safety on the streets.

Why the Classroom Teacher Has a Role to Play

School vision screening programs in Michigan currently depend upon such devices as the Snellen letter or "E" chart or one of several types of commercial instruments. Since so many school tasks are performed within arm's length and, therefore, require many abilities that cannot be tested by the 20/20 standard, it is evident that a chart read at 20 feet is not an adequate test of the kinds of visual abilities required for

many of these school tasks. Although a number of screening instruments have been developed for school use, few if any of them seem to be sufficiently reliable to warrant unconditional faith in them. Therefore, while more use of better screening techniques is desirable, we cannot afford to feel that all the necessary vision referrals will be made just because there may be a Snellen chart or a screening instrument in the school's clinic. At the present, no screening test appears to be as reliable as the observant teacher or parent who watches for symptoms of vision problems, especially while a pupil is reading; many problems become critical and therefore obvious only during visually demanding tasks.

READING INEFFICIENCIES: a desire to use finger or marker as a pointer; losing place; skipping or rereading lines; poor perceptual ability, such as confusing "o" and "a", "n" and "m", etc.; reversals persisting in grade two or beyond; slow reading or word calling; vocalizing during silent reading; inability to remember what has been read.

NEGATIVE ATTITUDES: avoidance of close work; dislike of or disinterest in reading as a tool; dislike of subjects which require reading; avoids reading whenever possible and yet seems to have more verbal ability than he uses well in reading.

POSTURE: reading or writing with face too close to

work; holding head with one hand so that one eye is covered; continually tilting head to one side; often thrusting head forward; body rigidity when looking at objects far away or within arm's length; frequently poor sitting position.

GENERAL BEHAVIOR: frowning, excessive blinking, scowling, squinting, or other facial distortions; closing one eye; excessive head movements; frequently removing glasses, closing eyes, and rubbing lids; inattentiveness, temper tantrums, or frequent crying; restlessness, nervousness, irritability, or other unaccounted behavior.

COORDINATION: does well in outdoor activities, but avoids tasks requiring visual concentration within arm's length (as reading, drawing, coloring, etc.); clumsy or awkward body movements; stumbles or trips frequently; poor eye-hand coordination as manifested in games or other activities.

APPEARANCE OF THE EYES: one eye turning in or out; crossed eyes; red-rimmed, crusted, or swollen lids; frequent sties, or watering or bloodshot eyes.

TYPICAL COMPLAINTS: seeing double; difficulty with words blurring when looking from chalkboard to the printed page; letters or lines "running together"; words blurring or "jumping"; undue sensitivity to light; fatigue after close work; headaches, dizziness, or

nausea after close work; difficulty with seeing the chalkboard when looking up from reading; burning or itching of eyes; car sickness.

No young person with vision problems will show all the aforementioned symptoms, but detecting one symptom should alert the teacher to watch for others. Also many of the listed symptoms may indicate some condition other than malfunction or disease of the eyes. A pupil who is wearing glasses will reveal problem symptoms when his prescription does not meet his visual needs.

Pupil Referral and Appropriate Examinations

When a vision referral is recommended because of specific behavioral symptoms, it is important to tell parents the kinds of behavior which have been observed. The teacher should stress that she is reporting behavioral symptoms and that only a competent specialist is qualified to examine the pupil and to diagnose his behavior. It would be wise to suggest that there is value in a child's having periodic visual examinations as a precautionary measure, for the school-age years are a period of rapid changes.

A visual examination should not be confused with an eye examination. An eye examination is a check upon the organic health of the eyes -- that is, their freedom from disease. A visual examination is an analysis of the binocular functioning of the eyes and of one's field of vision, both for near and distant seeing. School nurses are trained to note the appearance of the eyes which indicates possible disease, and, therefore, a need for an eye examination. However, school nurses often have not been trained to detect all functional problems. It would seem wise for each school to have a referral list of professional persons in the neighborhood or community who are trained in the analysis of visual functions and who are especially interested in having children and youth as patients.*

*Such a list of interested optometrists and ophthalmologists may be compiled readily through questionnaires mailed to their offices. Professional ethics prohibits exclusive recommendation by the school of any person or either professional group.

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