**Instructions for Measuring Vision using the Printable Snellen Letter Chart**

1. Print a full-sized Snellen Letter Chart from the following link:

[Printable Letter Chart](https://static1.squarespace.com/static/5e4c2ab855f49e2eb34dd11c/t/5e8b9f07d153b453690fa6e0/1586208519305/Safe%2BEyes%2BAmerica%2BEye%2BChart.pdf)

1. Set up the testing area:
	* Tape the Snellen Letter Chart to the wall
	* Have your child stand 10 feet away for the chart on the wall (\*10 ft = 11 8.5x11” printer pages end to end)

1. Check your child’s vision:
	* **If you child wears glasses, measure vision with glasses on.**
	* **Cover your child’s left eye first to measure vision in the right eye. Repeat with the right eye covered to measure vision in the left eye. Make sure your child is not peeking.**
	* Ask your child to read the lowest line of letters that they can.
	* Your child’s vision is the smallest line of letters for which your child identify at least half of the letters correctly. Note the fraction that corresponds to this size of letters (20/\_\_\_).
2. Record your child’s vision on the “Visual Acuity Recording Sheet” on the last page (20/\_\_). Record how reliable you think the vision test was.
3. Tips for measuring vision:
	* Check your child’s vision with glasses.
	* Be sure to pay attention to which eye you are checking and record the results immediately after testing.
	* No peeking! Make sure your child’s eye is patched or completely covered (e.g. with an eye patch, tissues with tape or palm of hand).
	* If needed, practice first to make sure your child understands the “game”.
	* Do not give your child hints.

d

* Correct covering of eye!
* Palm of hand covering eye.
* No peeking through fingers!
* Not using palm of hand.
* Peeking through fingers.
* Turning head.
* Peeking through edge of hand.

Home Visual Acuity Testing

An important part of an eye examination is measuring vision—how well your child can see on an eye chart.

If possible, please check and record your child’s vision in their right eye and their left eye. If they have glasses, please make sure they are wearing them during the test.

# Method used:

HOTV Letters

# Glasses on?

#   Yes No

# Vision: Reliability:

Right eye: 20 / 1 2 3 4 5

Low Medium High

Left eye: 20 / 1 2 3 4 5