



NAVEG Score Sheet

Date _____

Name _____ DOB _____ Gestational Age at Birth _____ weeks

Diagnoses _____

Instructions: enter 0 in score column for typical healthy child response, 1 for partial atypical response, 2 for definite atypical response.

Score	Ocular Visual Component
	Pupillary light reflex: R L
	Red reflex
	Eye Abnormalities (describe)
	Fundus Abnormalities (describe)
	Motor Visual Component
	Fixation: Bull's eye, face figure, or human face
	Horizontal smooth pursuit
	Vertical smooth pursuit
	Saccadic movements: R L
	Erratic eye movements
	Sunsetting
	Nystagmus: H V
	Paroxysmal deviation
	Strabismus R L
	Perceptual Visual Component
	Contrast sensitivity: Heidi 100% 25%
	Visual acuity: Teller /Leah 2/270 or 4.0
	Visual field: Target L R U D
	Optokinetic nystagmus L R U D
	Total Score

Brain Scan Comments:

Visual Reflexes: Touch _____ Threat _____

Recommendation:

NAVEG administrator: _____

Date _____