

Amblyopia

Here are some strategies to help schools meet the needs of children with amblyopia.

What is amblyopia?

Amblyopia or a “lazy eye” can develop through lack of visual stimulation of an affected eye, resulting in reduced vision in that eye. It is usually treated in younger children by patching the stronger eye for a prescribed number of hours each day, to stimulate the weaker eye. This is usually carried out in children up to the age of seven, however in some cases the treatment is not successful. Amblyopia can occur in children with no other visual difficulties, or in combination with a diagnosed visual impairment (VI). In most cases, children with amblyopia do not require specialist interventions from a Qualified Teacher for Visual Impairment, and their needs can be met through Quality First Teaching and simple strategies used in the classroom. The information in the universal section of the Mainstream Core Standards for VI may also be useful.

General Strategies

- If a child has been given a patch the teacher needs to be clear how long the occlusion is to take place and what the arrangements are at home.
- Children who are being patched will have reduced vision for the hours that the patch is in place. Strategies may need to be put in place for those parts of the school day until vision improves.
- Whilst the good eye is covered the child needs to be given a variety of work involving visual skills, particularly the opportunity to work at close range.
- If patching has not been successful the child will be amblyopic. This should not significantly affect the child's functioning. Provided that vision in the other eye is good, the child will experience few educational difficulties.
- Positioning in the room is important for all children with amblyopia. Strategies for children with reduced vision is only relevant to children who are being patched.

Position in The Room

- While patched, a child will benefit from being at the front of the class or close to the focus of attention.
- The child should be sitting with the object of interest — whiteboard, partner, worksheet — on the good side.
- For a child who is being patched, the ‘good’ side will be reversed for the time they are wearing their patch.

Working with reduced vision

- Seat children at the front of the class or close to the focus of attention.
- Talk through work which is on the board or which is being demonstrated.
- Use precise language in order to give a clear verbal description wherever possible.
- Writing implements need to give a clear dark line. 2B pencils or black felt tip pens are useful.
- Worksheets and photocopies need to be clear with good contrast.
- Teacher comments should be written in black pen large enough for the pupil to read.
- Some children will need clear, large print books.
- Try to avoid asking the child to share a book with a partner.
- Allow more time for the child to complete tasks. It may sometimes be necessary to give them fewer tasks than their peers.

Social Skills and Mobility

- Children with amblyopia have reduced visual field and should be approached on their good side.
- The child may need to be encouraged to turn (e.g. in a sporting activity) in order to increase awareness of what is happening.
- Children with amblyopia may need encouragement to test distances in a tactile way, for example, walking across the area designated for a game, having contact with apparatus before an experiment, ensuring, wherever possible, that objects have contact with a work surface.