Optometry CUrriculum for
Lifelong Learning through ErasmUS

CLINICAL EXAM GRADING RUBRICS

www.oculuserasmus.org
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Introduction:

The European Council of Optometry and Optics (ECOO) has developed the European Diploma of Optometry and Optics based on competency-based education. Accreditation is based on patient care and learner outcomes. Thus, accurate assessment and evaluations of clinical competencies is crucial. Traditionally, student in higher education have been evaluated on knowledge acquisition and the learner's ability to recall key concepts as defined by the faculty. However, this is not an appropriate strategy to assess clinical competencies in optometry. Learner-centered, competency-based assessment rubric are the appropriate way to assess clinical competencies for both formative and summative assessment. This paradigm is intended to promote higher performance, integrate education with experience, and provide constructive feedback to motivate the learner to strive for the desired outcome.

Why Use Rubrics?

A rubric is a scoring tool that lays out the expectations for an assignment. Overall, rubrics promote consistency in scoring, encourage self-improvement and self-assessment, motivate learners to achieve the next level, provide timely feedback, and improve instruction. Additionally, rubrics are beneficial to learners, facilitate communication between faculty and learners, and enable faculty to communicate specific goals, expectations, and performance requirements.

Clinical evaluation remains challenging to even the most experienced faculty, and rubrics provide a learner-centered assessment approach that focuses on encouraging behavioral change in learners. Performance tests are generally used to determine if a learner has mastered specific skills, and the instructor typically makes inferences about the level to which the skill has been mastered. Rubrics provide a potential solution to the subjective grading dilemma faced by clinical faculty.

Advantages of using clinical competency rubrics

1. Specifying performance indicators and outcomes
2. Ensuring that assessment is coherent and consistent for all optometry students
3. Measuring optometry students' outcomes based on real-life criteria
4. Providing opportunities for optometry students to demonstrate proficiency in a specific competency and outcome level
5. Improving the quality of assessment

This guide contains clinical competency rubrics developed as part of the OCULUS program. The first half provides rubrics for summative assessment, while the second half focuses on formative assessment. The rubrics are divided according to competency level from basic labs to advanced clinics. These are meant to be examples and not the only type of competency based rubrics to be used. Schools of optometry can use this as a starting point for student education and for development of rubrics for their specific learning outcomes.

Validation

Before using the rubrics it is crucial to validate them to ensure uniform use by clinical supervisors. Clinical supervisors should participate in workshops to review the use of the rubrics. After the workshop, all supervisors should observe the same **students** and assess them using the rubrics. If variation is found between the supervisors assessment of the same students, the faculty should problem shoot to see if the rubrics need to be refined or if more faculty training is required.

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Clinical Optometry lab A - exam

Student: _____   Patient: _____

Instructor: _____   Start time: _____Ending time_____

Time Allowed: 1 hour

Overall Proficiency of student:

Grade	4	3	2	1
Exam	Very good exam	Good exam	Moderate exam	Poor exam
Tests	All tests completed	most tests completed	Lacking parts of tests	Lacks majority of tests
Organization	Excellent	Well organized	Moderate	Unorganized
Collaboration	Excellent	good	Moderate	Difficult

Student communication skills:

Grade	4	3	2	1
Communication	Confident and calm	Slight hesitation	Hesitation	None
Instructions	Excellent instructions to patient	overall adequate instructions	communicates parts of the exam	Pore instructions

Grade:_____/120 (Please convert the grade70)

Retinoscopy:

1. Uses correct room illumination and target for distance	1
2. Adjusts the phoropter correctly using the accurate pd	1
3. Fogs the left eye using the retinoscope (by seeing against motion)	1
4. Keeps alignment along the visual axis and maintains accurate working distance	2
5. Accurately determines the sphere power within +/- 0.50D	6
6. Accurately determines the cylinder power within +/-0.50DC	6
7. Accurately determines the axis within 5-15 degrees depending on the amount of cylinder	6
8. Supervisors please check retinoscopy after the student is finished and write down the motion that you are seeing in each meridian or if you see neutrality. Please check that your working distance is the same as the student's or make a note of the difference	5
9. VA is 6/6 or within one line of the best visual acuity unless overminused..if **overminused by more than 0.50D reduce 2 extra points**	2
10. Records accurately	5

GRADE: _____/25

Comments

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Subjective:

1. Gives clear and concise instructions to the patient during the exam	2
2. Adjusts sphere power:	7
If the patient is a hyperope or a myope with VA better than 6/6: Do +1.00 check test **(optional)**	
If the patient is a myope or hyperope with VA 6/6 or less: add (+) OR (−) (if the plus reduces VA) to improve VA	
Then do +1.00 check test **(optional).**	
If +1.00 check test blurs 4 lines, there's no need to reduce the plus in 0.25D steps. Otherwise, the student must add more plus (in 1D steps) until 4 lines from the best VA are blurred, and reduces the fog using 0.25D steps.	
3. Cross Cylinder:	8
If the astigmatism is less than 1DC: find the accurate cylinder power then the accurate axis	
If the astigmatism is more than 1DC: find the accurate axis-power-axis	
Uses bracketing technique and adjusts sphere power when needed	
If there is no cylinder in the retinoscopy result, or if the patient opts to remove all of the cylinder in the retinoscopy result (during JCC) : the student must check for cylinder by examining in four meridians (90, 180, 45, 135).	
5. Final sphere check:	8
+1.00D check test and Duochrome	
6. Binocular balancing (student chooses the method)	3
7. Binocular addition	2
8. Finds the final Rx within +/- 0.50D sphere and cylinder and 5-15 degrees axis	5

GRADE:_____/30

Comments:

Supervisor, Please choose **two** of the following:

Fused Cross Cylinder:

1. Uses distance Rx and puts near Pd in phoropter.	2
2. Correct target, correct illumination.	2
3. Cross cylinder with minus cyl @ 090 or +/- cross cylinder in phoropter dial.	2
4. Correctly determines lead, lag. (If vertical seen more prominent, reduce light then –cyl on 180 , so on..)	2
5. Records accurately	2

Grade: ---------------/10

Comments:

OR Negative relative Accommodation/Positive Relative

Accommodation:

1. Distance Rx.	1
2. Near PD and extra illumination on near card.	1
3. Correct target, square of letters or near card, one or two lines above BVA.	2
4. Do NRA first, until first SUSTAINED blur.	3
5. Do PRA second, until first SUSTAINED blur.	3

Grade: -------------------------/10

Comments:

OR Amplitude of Accommodation: (push up or mlb)

1. Distance Rx	2
2. Monocular	2
3. Does the procedure smoothly and at the correct speed.	4
4. Records properly	2

Grade: ---------------------/10

Comments:

OR Accommodation facility:

1. Distance Rx	1
2. Polaroid specs with filters on card.	1
3. Target 2 lines above max. VA.	1
4. Does procedure correctly.	4
5. If pt. fails binocular, the student must do monocular facility.	3

Grade: ----------------------/10

Comments:

Opthalmoscopy:

Explains the purpose of test to the patient.	1
Begins with+9.00D and examines the media.	1
Focuses on the retina and properly records the following:	
Media	2
Disc Margins	2
Disc color	2
CUP/ disc ratio	2
CUP depth	2
Vessels	2
A/V ratio	2
ALR	2
SVP	2
Background	2
Macula	2
Foveal Reflex	2
Examines LE	3
Draws properly, including contours of cup	1

Grade:_____/30

Comments:

Must do on one eye…   Clock Dial:

1. The student must remove the cylinder correction from the subjective result and calculate the equivalent sphere.	2
2. Clearly instructs the patient and uses the correct target	2
3. Occludes one eye. Adds plus to the other eye until all lines are blurred	2
4. Reduces the fog until one line (or group of lines) are clearer that the others	2
5. Multiplies the smaller number by 30 to get the axis of the cylinder	2
6. Adds minus cylinder at the correct axis until all lines are equally clear	2
7. Adjust cylinder axis	1
8. Final sphere and VA	2

Grade:_____/30

Clinical Optometry lab B - exam

Student: _____ Patient: _____

Instructor: _____ Start time: _____Ending time_____

Time Allowed: 1 hour and 30 minutes

Overall Proficiency of student:

Grade	4	3	2	1
Exam	Very good exam	Good exam	Moderate exam	Poor exam
Tests	All tests completed	most tests completed	Lacking parts of tests	Lacks majority of tests
Organization	Excellent	Well organized	Moderate	Unorganized
Collaboration	Excellent	good	Moderate	Difficult

Student communication skills:

Grade	4	3	2	1
Communication	Confident and calm	Slight hesitation	Hesitation	None
Instructions	Excellent instructions to patient	overall adequate instructions	communicates parts of the exam	Pore instructions

Grade:_____/160 (passing grade 120)

Retinoscopy:

1. Uses correct room illumination and target for distance	1
2. Adjusts the phoropter correctly using the accurate pd	1
3. Fogs the left eye using the retinoscope (by seeing against motion)	1
4. Keeps alignment along the visual axis and maintains accurate working distance	2
5. Accurately determines the sphere power within +/- 0.50D	6
6. Accurately determines the cylinder power within +/-0.50DC	6
7. Accurately determines the axis within 5-15 degrees depending on the amount of cylinder	6
8. Supervisors please check retinoscopy after the student is finished and write down the motion that you are seeing in each meridian or if you see neutrality. Please check that your working distance is the same as the student's or make a note of the difference	5
9. VA is 6/6 or within one line of the best visual acuity unless overminused..if **overminused by more than 0.50D reduce 2 extra points**	2
10. Records accurately	5

GRADE: _____/30

Comments

Subjective:

1. Gives clear and concise instructions to the patient during the exam	2
2. Adjusts sphere power:	7
If the patient is a hyperope or a myope with VA better than 6/6: Do +1.00 check test **(optional)**	
If the patient is a myope or hyperope with VA 6/6 or less: add (+) OR (–) (if the plus reduces VA) to improve VA	
Then do +1.00 check test **(optional).**	
If +1.00 check test blurs 4 lines, there's no need to reduce the plus in 0.25D steps. Otherwise, the student must add more plus (in 1D steps) until 4 lines from the best VA are blurred, and reduces the fog using 0.25D steps.	
3. Cross Cylinder:	8
If the astigmatism is less than 1DC: find the accurate cylinder power then the accurate axis	
If the astigmatism is more than 1DC: find the accurate axis-power-axis	
Uses bracketing technique and adjusts sphere power when needed	
If there is no cylinder in the retinoscopy result, or if the patient opts to remove all of the cylinder in the retinoscopy result (during JCC) : the student must check for cylinder by examining in four meridians (90, 180, 45, 135).	
5. Final sphere check:	8

+1.00D check test and Duochrome	
6. Binocular balancing (student chooses the method)	3
7. Binocular addition	2
8. Finds the final Rx within +/- 0.50D sphere and cylinder and 5-15 degrees axis	5

GRADE:_____/30

Comments

Supervisors please choose pupils or visual fields:

Pupils:	
1. Examines the pupil size in the light and the dark for both eyes	2
2. Examines direct, consensual reactions without the patient's correction three times each.	2
3. Near reaction three times	2
4. Swinging flashlight test for RAPD three times	2
5. Records correctly	2

Grade:_____/10

OR

Visual Field Testing:	
1. Does the test monocularly, without spectacles and in full room illumination	4
2. Tests eight points in each eye using the hand width method	4
3. Records properly	2

Grade:_____/10

Keratometry:	
1. Focuses eye piece.	1
2. Positions Px comfortably, canthus marker correctly placed.	2
3. Occludes eye not tested.	2
4. Instructs Px correctly.	1
5. Keratometer reading done on central cornea. B&L, check that **+ is in the middle circle.**	2
6. Aligns axis by rotating keratometer if necessary.	1
7.Accurately measures Hz and Vt.	3
8. Records correctly very important.	3

Grade:_____/15

Slit Lamp Biomicroscopy:

1. Explains the purpose of the test to the patient.	1
2. Cleans the instruments.	1
3. Adjusts P.D. and Focus.	1
4. Examines **Lids and Lashes** (diffuse illumination, 30 degrees and 6x or 10x magnification) examines both eyes when closed.	5
5. Examines the conjunctiva, palpebral and bulbar, the tears, the sclera, and the iris (wide parallelepiped, 30-45 degrees, 16x magnification).	5
6. Examines the **corneal surface (**medium pararllelpiped, 30-45 degrees, 16x magnification) and the **corneal detail** (optic section, high illumination, 25x magnification or higher.	5
7. Examines **the anterior chamber angle nasally and temporally** (Optic section, 60 degrees, high illumination, 16x magnification).	5
8. Examines the **crystalline lens** (Narrow and short parallelepiped, 5-30 degrees, high illumination and 16x or higher magnification).	5
9. **Retro illumination of the lens and Iris**, 0-5 degrees, 6x to 16x magnification, medium to high illumination.	3
10. Examines the **quality of the aqueous** in the anterior chamber by **conical beam** (35-65 angle, high illumination and 16x or higher magnification).	3
11. Records properly.	1
12. Examines the other eye.	5

Supervisor please choose one:

Sclerotic scatter:

No magnification for in click, low mag for out of click	1
Must do both in click AND out of click stop.	2
Narrow to medium narrow pp, high illumination.	1
Light is aligned at the limbus, looking at the cornea, look for CCC	1

OR

Specular reflection:

Narrow PP, high magnification (25x or more).	1
High illumination	1

90 degree angle of illumination & observation systems.	1
Examines the corneal endothelium	2

Grade: _____/45

Opthalmoscopy:

Explains the purpose of test to the patient.	1
Begins with+9.00D and examines the media.	1
Focuses on the retina and properly records the following:	
Media	2
Disc Margins	2
Disc color	2
CUP/ disc ratio	2
CUP depth	2
Vessels	2
A/V ratio	2
ALR	2
SVP	2
Background	2
Macula	2
Foveal Reflex	2
Examines LE	3
Draws properly, including contours of cup	1

Grade:_____/30

Advanced optometry Lab A

Visual Fields

1) Has the machine been cleaned – 1 point

2) General explanation to patient about the test to be performed – 1 point

3) Room lighting – 1 point

4) Inputting patient info into the machine including adding lenses to lens holder if necessary – 1 point

5) Covering the non-testing eye – 2 points

6) Specific instructions to patient over the next three steps – 2 points for each step

7) Ability to explain what was occurring at each stage of the above three steps – 2 points for each step

a. Setting Foveal Threshold

b. Measuring pupil size and fixation point/gaze tracking.

c. Starting the main body of the test where the blind spot is first ascertained by the machine.

8) Ability to answer a question about what is found on a VF printout – each section is worth 2 points

a. False negatives/positives

b. Total Deviation vs pattern deviation

c. Fixation Losses

d. Ability to explain the position of the VF loss in space (T, N, S, I etc, which eye)

e. Gaze tracking/Blindspot monitor

f. Question on Esterman test

Total 30 points

DYNAMIC RET

1) Positioned at the correct working distance – 2 points

2) Room lighting – 1 point

3) Placing the correct lens

a. within 2-3 seconds – 6 points

b. working on axis – 2 points

4) Ability to determine if the result is within normal limits and what that means – 2 points

Total 13 points

Topography

1) Has the machine been cleaned – 1 point

2) General explanation as to what the test is – 2 points

3) Inputting patient's details and getting the test set up – 2 points

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4) Aligning the patient's head correctly and giving them clear instructions – 2 points

5) Taking a successful measurement – 10 points

6) A basic understanding of the result obtained (flat/steep/spherical/with the rule/against/maps?) – 5 points

Total 22 points

OR

OCT

1) Has the machine been cleaned – 1 point

2) General explanation as to what the test is – 2 points

3) Aligning the patient's head properly – 2 points

4) Clear instructions to the patient and alignment of their eye – 2 points

5) Taking a successful measurement according to the examiner's instructions – 10 points

6) Pressing analyze and briefly talking about the quality of the picture taken and understanding the results – 5 points

Total 22 points

Total maximum points so far = 65

You will then be asked a total of 5 questions about any of the techniques learned during the Semester, each question being worth 3 points each. **Total possible points = 15**

Total of both sections = 80 points

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Advanced optometry Lab B

1. Hygiene
2. Introduce yourself & Explanation of procedure to patient (3) _____

   - Dilating eye drops have been placed in the eye so we can check the whole of the back of your eye, the retina, using this machine and this lens.
   - The eye drops will make your vision blurry for approximately 6 hours. I recommend to wear sunglasses to help with the glare. With both eyes dilated you cannot drive for 6 hours
   - In the unlikely event you get a bad reaction to the drops, like a severely painful and red eye (closed angle glaucoma) please go the hospital as soon as possible
   - I will be shining a bright light in your eye

3. Setting up machine:

   - Making sure the patient's eye is lined up with the outer canthus. Focusing the machine as normal (1)_____
   - Placing the eyepiece and light source in one-line, light source at 90 degrees, white light, 2-3 mm slit width, low magnification to start, slit height to fill the pupil (2) _____

4. Method

   - Getting the light to focus on the centre of the cornea (1) _____
   - With a steady hand placing the Volk lens with the 'V' pointing towards the patient 1-2cm away from the patient's eye. Checking from the side that light is still in central cornea (2)_____
   - Slowly pulling back the joystick in a straight line (1)_____
   - View of Optic Disc, Ability to describe it (6)_____
   - View of Macula (1)_____
   - View another position of gaze (4)_____
   - Tell the patient that the examination is over and that they can remove their head from the slit lamp (1)_____

5. Able to explain indirect ophthalmoscopy and explain that you need to draw what you see and then turn the page 180 degree to see the real image. (1)_____
6. Knows where the macula will be in relation to the optic disc (1)_____
7. Able to explain where the patient needs to look and Volk lens needs to be positioned to see another position of gaze (1) _____

Total_____/25

General Optometry Clinic 3rd Year - Exam

Student:	Examiner:
Date: Room:	Time Commenced: Completed:

Case History: 8 pts	Section Grade:
Under 10 mins: good Over 16 mins: -1 pt	Introduce himself/herself to the patient? Phrase questions clearly? Use appropriate vocabulary? Take an adequate history? Record presenting symptoms and visual requirements?
Did not gather full personal information: -1 pt Incomplete data obtained in any part: -1 to -2 pts for that part	

Entrance Tests: 15 pts	Section Grade:
Under 10 mins: good Over 11 mins: -2 pts	Part I (Pre-Subjective): VA D&N c/s Rx, Stereo, CT D&N c/s Rx, PD D&N, (if applicable: PH, Color Vision) Part II (Post-Subjective): NPC, Pupils, Motility and Confrontation Use appropriate targets, techniques and instructions? Record findings accurately and clearly?
Any necessary procedure not performed or performed/recorded incorrectly: -2 pts Doesn't know how to perform a procedure: -5 pts More than 4Δ of LP/ 1Δ of VP or any Intermittent tropia missed (D or N): -7 pts A Constant tropia (D or N), RAPD or fixated pupil missed: -10 pts	

Retinoscopy: 13 pts	Section Grade:
Under 10 mins: good Over 11 mins: -2 pts	Instruct the patient correctly and fog appropriately? Use suitable target, illumination and WD? Perform the procedure correctly and record the results clearly? Determine the correct findings?
Incorrect target, WD, VA measurement or recording: -1 pt Accuracy (compared to clinical supervisor's results): Sphere: Cylinder: ± 0.50D (R & L): acceptable ☐ ± 0.50D and ± 15o (R & L): acceptable Up to ± 1.00D (R or L): -4 pts ☐ Up to ± 1.00D or ± 20o (R or L): -4 pts More than ± 1.00D (R or L): -8 pts ☐ More than ± 1.00D or ±20o (R or L): -8 pts	

Subjective Refraction: 22 pts	Section Grade:
Under 15 mins: good Over 16 mins: -3 pts	Instruct the patient correctly? Correctly perform appropriate tests for control of acc.? (+1.00 check test, Duochrome) Correctly perform binocular balance and addition? Correctly measure and record VA (D&N)? Record the final Rx appropriately and clearly? Determine the correct findings for each and both eyes?
Incorrect targets or JCC used, erroneous Balancing or PH not used when needed: -2 pts Inability to work with TF or hand held JCC: -5 pts Lensometry more than ± 0.25D or ± 5o off (R or L), ADD missed or prism missed: -5 pts Accuracy (compared to clinical supervisor's results): A spherical only Rx is found when a cylinder of more than 0.50 cyl exists: -5 pts Sphere: Cylinder: ± 0.50D (R & L): acceptable* ☐ ± 0.50D and ± 10o (R & L): acceptable Up to ± 1.00D (R or L): -5 pts ☐ Up to ± 1.00D or ± 15o (R or L): -5 pts More than ± 1.00D (R or L): -10 pts ☐ More than ± 1.00D or ±15o (R or L): -10 pts * Low Myopes: -0.50D off (R or L): -3 pts	

Binocular Vision and Near Point Testing: 22 pts		Section Grade:
Under 15 mins: good Over 16 mins: -3 pts	Distance: DLP, DVP. If necessary: Vergences, Suppression Tests, FD Near: NLP, NVP, Near Lateral Vergences. If applicable: AC/A, BAF/MAF, Amplitude of Acc. If necessary: Vertical Vergences, Stereo, MEM, FD, Suppression, NRA/PRA ADD: Was an appropriate WD used according to the patient's needs? Were the results accurate? (within ±0.25) Use appropriate targets, techniques and instructions? Record findings accurately and clearly?	
A necessary procedure not performed or performed/recorded incorrectly: -2 pts Doesn't know how to perform a procedure: -5 pts More than 4Δ of LP/ 1Δ of VP, an Int. tropia (D or N) or more than ±0.25 ADD missed: -7 pts A Constant tropia missed (D or N): -10 pts Binocular Status assessed in a non-binocular patient: -15 pts = **SECTION FAIL!**		

Slit Lamp Examination: 10 pts		Section Grade:	
Under 10 mins: good Over 11 mins: -2 pts	Set up the instrument and the patient properly? Appropriate magnification and illumination used? Use staining procedures where appropriate? Accurately and clearly record findings? Make appropriate drawings?	R	Correctly examine Lids & Lashes Tears Puncta Palp. Conj. Bulbar Conj. Cornea AC AC angle Iris Lens
Clinical finding missed or procedure performed or recorded incorrectly: -1 to -2 pts Narrow angle (VH = 2 or less) missed : -4 pts Any eye health threatening finding missed: -10 pts = **SECTION FAIL!**			

Direct Ophthalmoscopy: 10 pts		Section Grade:	
Under 5 mins: good Over 6 mins: -2 pts	Appropriate instruction and illumination used? Examine the fundus at a suitable distance? Accurately and clearly record findings? Make appropriate drawings?	R	Correctly examine Media C/D Neuro-Ret. Rim Disc Color
Clinical finding missed or recorded incorrectly: -1 to -2 pts C/D ratio off by ± 0.2: -3 pts C/D ratio off by more than ± 0.2: -5 pts Any eye health threatening finding missed: -10 pts = **SECTION FAIL!**		Vessels A/V SVP Macula Foveolar Reflex Background	

Additional Tests: Increase or Reduce up to 5 pts		Section Grade:
	Keratometry / Topography Visual Fields Tonometry	Fundus Photography SLE Fluorescein SLE Conical Beam	Amsler Grid Pachymetry
Any relevant procedure not performed or performed/recorded incorrectly: -2 pts		

Analysis and Plan: Increase or Reduce up to 10 pts		Section Grade:
	Make the correct diagnosis to account for the patient's signs/symptoms? Determine an appropriate management plan?	

	Justify to the examiner his/her recommendations? Demonstrate effective communication skills?	
Any finding recorded incorrectly: -1 to -2 pts		
A binocular or accommodative anomaly missed or misdiagnosed: -5 pts Incorrect treatment suggested: -5 to -10 pts		
Technical Skills: Increase or Reduce up to 5 pts		Section Grade:
	Demonstrate effective sequencing and accuracy of procedures? Have an organized and efficient examining room? Have clean hands and a neat appearance (dress and hair)? Perform too few/too many procedures for this particular patient? What was missing or extra?	

The Pass/Fail cut-off is 75.

FINAL GRADE: _____

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General Optometry Clinic 4rd Year - Exam

Student:	Examiner:
Date: Room:	Time Commenced: Completed:

Case History: 8 pt	Section Grade:
Under 5 mins: good Over 6 mins: -1 pts	Introduce himself/herself to the patient? Phrase questions clearly? Use appropriate vocabulary? Take an adequate history? Record presenting symptoms and visual requirements?

Did not gather full personal information: -1 pt
Incomplete data obtained in any part: -1 to -2 pts for that part

Entrance Tests: 15 pts	Section Grade:
Under 10 mins: good Over 11 mins: -2 pts	Part I (Pre-Subjective): VA D&N c/s Rx, Stereo , CT D&N c/s Rx, PD D&N, (if applicable: PH, Color Vision) Part II (Post-Subjective): NPC, Pupils, Motility and Confrontation Use appropriate targets, techniques and instructions? Record findings accurately and clearly?

Any necessary procedure not performed or performed/recorded incorrectly: -2 pts Doesn't know how to perform a procedure: -5 pts
More than 4Δ of LP/ 1Δ of VP or any Intermittent tropia missed (D or N): -7 pts A Constant tropia (D or N), RAPD or fixated pupil missed: -10 pts

Retinoscopy: 13 pts	Section Grade:
Under 5 mins: good Over 6 mins: -2 pts	Instruct the patient correctly and fog appropriately? Use suitable target, illumination and WD? Perform the procedure correctly and record the results clearly? Determine the correct findings?

Incorrect target, WD, VA measurement or recording: -1 pt Accuracy (compared to clinical supervisor's results):
Sphere: Cylinder:
± 0.50D (R & L): acceptable   ⬜   ± 0.50D and ± 15o (R & L): acceptable
Up to ± 1.00D (R or L): -4 pts   ⬜   Up to ± 1.00D or ± 20o (R or L): -4 pts
More than ± 1.00D (R or L): -8 pts   ⬜   More than ± 1.00D or ±20o (R or L): -8 pts

Subjective Refraction: 22 pts	Section Grade:
Under 15 mins: good Over 16 mins: -3 pts	Instruct the patient correctly? Correctly perform appropriate tests for control of acc.? (+1.00 check test, Duochrome) Correctly perform binocular balance and addition? Correctly measure and record VA (D&N)? Record the final Rx appropriately and clearly? Determine the correct findings for each and both eyes?

Incorrect targets or JCC used, erroneous Balancing or PH not used when needed: -2 pts Inability to work with TF or hand held JCC: -5 pts
Lensometry more than ± 0.25D or ± 5o off (R or L), ADD missed or prism missed: -5 pts
Accuracy (compared to clinical supervisor's results):
A spherical only Rx is found when a cylinder of more than 0.50 cyl exists: -10 pts Sphere: Cylinder:
± 0.50D (R & L): acceptable*   ⬜   ± 0.50D and ± 10o (R & L): acceptable
Up to ± 1.00D (R or L): -5 pts   ⬜   Up to ± 1.00D or ± 15o (R or L): -5 pts
More than ± 1.00D (R or L): -15 pts   ⬜   More than ± 1.00D or ±15o (R or L): -15 pts
* Low Myopes: -0.50D off (R or L): -3 pts

Binocular Vision and Near Point Testing: 22 pts	
Under 10	Distance: DLP, DVP. If necessary: Vergences, Suppression Tests, FD

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mins: good Over 11 mins: -2 pts	Near: NLP, NVP, Near Lateral Vergences. If applicable: AC/A, BAF/MAF, Amplitude of Acc. If necessary: Vertical Vergences, Stereo, MEM, FD, Suppression, NRA/PRA ADD: Was an appropriate WD used according to the patient's needs? Were the results accurate? (within ±0.25) Use appropriate targets, techniques and instructions? Record findings accurately and clearly?

A necessary procedure not performed or performed/recorded incorrectly: -2 pts Doesn't know how to perform a procedure: -5 pts

More than 4Δ of LP/ 1Δ of VP, an Int. tropia (D or N) or more than ±0.25 ADD missed: -7 pts A Constant tropia missed (D or N): -10 pts

Binocular Status assessed in a non-binocular patient: -15 pts = **SECTION FAIL!**

Slit Lamp Examination: 10 pts

Under 6 mins: good Over 7 mins: -2 pts	Set up the instrument and the patient properly? Appropriate magnification and illumination used? Use staining procedures where appropriate? Accurately and clearly record findings? Make appropriate drawings?

Clinical finding missed or procedure performed or recorded incorrectly: -1 to -2 pts Narrow angle (VH = 2 or less) missed : -4 pts

Any eye health threatening finding missed: -10 pts = **SECTION FAIL!**

Direct Ophthalmoscopy: 10 pts

Under 4 mins: good Over 5 mins: -2 pts	Appropriate instruction and illumination used? Examine the fundus at a suitable distance? Accurately and clearly record findings? Make appropriate drawings?

Clinical finding missed or recorded incorrectly: -1 to -2 pts C/D ratio off by ± 0.2: -3 pts

C/D ratio off by more than ± 0.2: -5 pts

Any eye health threatening finding missed: -10 pts = **SECTION FAIL!**

Additional Tests: Increase OR Reduce up to 5 pts

	Keratometry / Topography Visual Fundus Photography SLE Fluorescein SLE Conical Beam Fields Tonometry

Any relevant procedure not performed or performed/recorded incorrectly: -2 pts

Analysis and Plan: Increase or Reduce up to 10 pts

	Make the correct diagnosis to account for the patient's signs/symptoms? Determine an appropriate management plan? Justify to the examiner his/her recommendations? Demonstrate effective communication skills?

Any finding recorded incorrectly: -1 to -2 pts

A binocular or accommodative anomaly missed or misdiagnosed: -5 pts Incorrect treatment suggested: -5 to -10 pts

Technical Skills: Increase OR Reduce up to 5 pts

	Demonstrate effective sequencing and accuracy of procedures? Have an organized and efficient examining room? Have clean hands and a neat appearance (dress and hair)? Perform too few/too many procedures for this particular patient? What was missing or extra?

The Pass/Fail cut-off is 75.

Final Grade:

Contact Lens Lab A Test - Semester A_

date _____   group_____

name _____   examiner_____

	Comments:	scoring
Preliminary tests	history(5) : Input measurements(5) : • HVID • VPA • Pupils • Eyelid tension	/10
SLIT LAMP	• Eye health 12) points(• Tear test 10) points(• 2special lighting 8) points(	/30
Lens selection	• First lens selection10) points(• diagnosis 20) points(• Second lens selectio10) points(	/40
lens insertion		/10
Lens removal		/10

Final score   :

Contact Lens Lab B Test - Semester B

date _____   group_____

name _____   examiner_____

	comments	Scoring
First lens selection	Adjustment parameters : Lens diameterBC	/10
LENS VERIFICATION	B.C (4) Diameter T.D-(4) OZD(4) Color(3)	/15
Insert lens + cleaning	First time(10) - second time(8) - third time(5) - Unsuccessful after 3 time(0) -	/10
Lens removal		/10
diagnosis -1 patient1	W.L : * LA/IP 5) points(* Location 5) points(* B.M 5) points(* L.S 5) points(.2Fluorocin: * center 5) points(* MID 5) points(* Edge lift 5) points(Fitting 5): points(	/40
Selection of second lens - Patient 1	Diameter T.D. B.C Periphery	/15
Total		/100

Contact Lens Clinic - Practical Exam

Student name: Date:

Part 1: Assessment and adjustment of GP lenses and choice of lens

	Grade	Remarks
HVID and pupil size (2 marks) Measure on the examiner		
Keratometry (3 marks) (Interpretation of refraction and acuity) – on the examiner		
Topography (10 marks) (Understanding of the instrument for adjustment includes ECC) – printed map provided		
Lens choice (10 marks) Based on all available data gathered until now – radius, diameter, ECC, materials and Rx		
Final grade		

Part 2: Continuation of practical adjustment to RGP lenses

Slit lamp: External assessment of the anterior surface

	Grade	Remarks
Eyelids (1 mark)		
Eyelashes (1 mark)		
Bulbar conjunctiva and cornea (1 mark)		
Palpebral conjunctiva (1 mark)		
Lacrimal system, LLTP assessment (2 marks)		
Insertion/removal of lenses (2 marks)		
White light analysis (5 marks) central motion LAG/SAG displacement Final assessment		
Fluorescein analysis (6 marks) centre, direct and edge and management		
Final conclusion and changes if necessary (Theory only) (6 marks)		
Final grade		

Part 3: Presbyopic adjustment

	Grade	Remarks
History (4 marks) Relevant questions for expected complaints. Expectations. To who will we adjust a myopia treatment? Criteria and risks		
Mapping (2 marks) (Size of cornea and pupil size)		
2 test that checks dominant eye (5 marks) What happens if it's a different eye at each visit? Monovision vs multifocal How do you decide a lens type (bifocal, concentric circles, simultaneous – aspheric)? What is the difference between presbyopia and myopia control?		
Lids (1 mark) Tension, opening and closing of the lids		
Decision of which lens and why? (8 marks) `Types Of Relevant Lenses For Myopia Control And The Difference Between Presbyopia Differences In Testing And Tracking`		
Second lens choice (5 marks) Alternative lens is adjustment is not successful Choice of lens and adjustment in detail		
Final grade		

Part 4: Soft Toric Lenses

Use of Toric Lite lenses with plano Rx with prism stabilisation for lens design

	Grade	Remarks
History (2 marks) (must rule out hard lenses)		
Topography (6 marks) (Interpreting the picture, diameter of the cornea, size of the pupil)		

Lens Choice (8 marks) (questions to the examinee how they prepare lenses with regards to the lens material, explanations when toric is anterior/posterior, stabilisation methods, what suitable and when to use dynamic stabilisation vs prism…)		
Diagnosis (5 marks) Includes questions about rotation and how to calculate the deviation		
Troubleshooting (4 marks) Stabilisation of the deviation and what size to order, and everything will seem fixed and how the new lens will sit?		
Final grade		

Weighting of all parts of the exam – final grade:
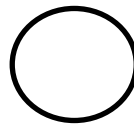
Updated test structure:

Part I: 1-3 Case Analysis:

- Topography (Keratoconus, PMD, Multi Toric, High Plus, Myopia Control) – Diagnose a Topography map for matching a lens.

Score Yes / No (0-1-2)

- Understand refraction and patient requirements: type of work, assembly hours, daily non-work activity, illness and allergies for lens selection.

Score Yes / No (0/1/2)

- Additional tests that are need to be done

6. Score Yes / No (0/1/2)

- Lens Selection and Adjustment

7. Score Yes / No (0/1/2)

- Final Prescription

8. Score Yes / No (0/1/2)
9.
10. Final objective assessment: Yes / No (0/1/2)
11.

Maximum: 60 points

Part II: 4-5

2 physical adjustment cases (on third year students): 1-3 cases listed above.

Total: Maximum 40 points

Optometric work up record

Documents demographic data		YES / NO
Documents relevant and detailed HISTORY		YES / NO
Records various tests undertaken for EXAMINATION (eye, test type, time, results, disgnosis)		YES / NO
Maintain records of test results and diagnosis		YES / NO
Maintains records of treatment and advice given		YES / NO
Documents C&M and other instruction details		YES / NO
Maintains records of follow up schedule and findings		YES / NO
Maintains record of efficacy of treatment and any change in management		YES / NO
Maintains records of consultation		YES / NO
Maintains records of reference		YES / NO
Maintains records of consent forms		YES / NO
Documents records in a systematic , standard format		YES / NO
Documents records in a easily retrievable and permanant format		YES / NO
Documents records in confidential and secure manner		YES / NO

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DISPENSING OPTICS

		RE	LE
1	Is the following Patient data mentioned?		
	Date	YES / NO	YES / NO
	Patient Name	YES / NO	YES / NO
	Address	YES / NO	YES / NO
	Contact details	YES / NO	YES / NO
2	Is the IPD Measurment mentioned correctly?	YES / NO	YES / NO
3	Is the Back vertex distance mentioned correctly?	YES / NO	YES / NO
4	Is the lens checked for following factors?Lens specifications (To be checked once the lenses are received from laboratory before and after fitting)		
	Power	YES / NO	YES / NO
	Company	YES / NO	YES / NO
	Type : (Single Vision, Bifocals, Progressives)	YES / NO	YES / NO
	Bifocals Segment size, shape	YES / NO	YES / NO
	Progressives lens type: Short/Regular	YES / NO	YES / NO
	Inset required for bifocal/progressives	YES / NO	YES / NO
	Material	YES / NO	YES / NO
	Tint	YES / NO	YES / NO
	Base curve	YES / NO	YES / NO
	Diameter	YES / NO	YES / NO
	Thickness	YES / NO	YES / NO
	Prism	YES / NO	YES / NO
	Prism Power	YES / NO	YES / NO
	Base direction	YES / NO	YES / NO
	Surface/ other lens treatment	YES / NO	YES / NO
	UV protection required : Yes/No	YES / NO	YES / NO
	Any addtional instructions	YES / NO	YES / NO
	Lab order number	YES / NO	YES / NO

	Date of receiving the order from lab	YES / NO	YES / NO
5	Are the frame details mentioned correctly?		
	Company	YES / NO	YES / NO
	Frame type	YES / NO	YES / NO
	Shape	YES / NO	YES / NO
	Material	YES / NO	YES / NO
	Color	YES / NO	YES / NO
	Code	YES / NO	YES / NO
	Pantoscopic tilt	YES / NO	YES / NO
	Facial wrap	YES / NO	YES / NO
	A size in mm	YES / NO	YES / NO
	B size in mm	YES / NO	YES / NO
	DBL in mm	YES / NO	YES / NO
	Temple length in mm	YES / NO	YES / NO
	Type of nose pads	YES / NO	YES / NO
	Addtion instruction regarding the frame	YES / NO	YES / NO
6	Are the edging instructions mentioned properly?		
	1. Fitting height (Progressives) / Segment height (Bifocals)	YES / NO	YES / NO
	2. Mirror polish required/ Not required	YES / NO	YES / NO
	3. Increase/decrease lens size	YES / NO	YES / NO
	a. Vertically :in mm	YES / NO	YES / NO
	b. Horizontally :in mm	YES / NO	YES / NO
	4. Shape as per the sample	YES / NO	YES / NO
7	Are the other aspect checked?		
	Date of spectacle delivery	YES / NO	YES / NO
	Are the spectacles wrapped with the proper cleaning cloth?	YES / NO	YES / NO
	Is the speatcle kept in suitable plastic case?	YES / NO	YES / NO
	Is the handling instruction leaflet kept in the case?	YES / NO	YES / NO
	Is the order receipt attached to over the case?	YES / NO	YES / NO
	Has the customer been informed to collect the spectacle?	YES / NO	YES / NO

Routine optometric evaluation – Clinical Optometry

S.No	Description	RE	LE
		YES/NO	YES/NO
I	General		
	Welcoming the Patient		
	Offering a comfortable seat		
	Establishing rapport with the patient		
	Documenting demographic data		
	Ocular		
II	History Taking		
	Obtaining the chief complaints		
	Obtaining the laterality		
	Finding the associated symptoms		
	Ascertaining past ocular history		
	Ascertaining the Medical history		
	Figuring out the surgical interventions		
	Figuring out the medications used		
	Enquiring on the Investigations		
	Ascertaining medicinal allergies		
	Appropriate documentation		
III	Refraction		
	Informing the importance of the test		
	Details on Past glass prescription		
	Accurate determination of PGP values		
	Appropriate documentation with lens type		
	Appropriate occlusion of the eye		
	Appropriate use of charts or methods		
	Determining the visual acuity		
	Appropriate documentation		
	Positioning the trial frame		
	IPD adjustment in trial frame		

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	Placement of the working distance lens		
	Directing the patients attention to correct target		
	Room illumination adjustment		
	Constant maintenance of the working distance		
	Accurate refractive error determination		
	Ability to work on axis		
	Accurate documentation		
	Preparing the patient for subjective refraction		
	Appropriate lens to begin subjective refraction		
	Determining the accurate sphere end point		
	Determining the accurate astigmatic power		
	Refining the sphere component		
	Refining the astigmatic component		
	Determining the addition power		
	Appropriate documentation		
IV	Muscle balance		
	Performing Broad H test		
	Documenting the results		
V	Slit Lamp Examination		
	Explaining the test importance to the patient		
	Lid Assessment		
	Conjunctiva Assessment		
	Corneal Assessment		
	Anterior Chamber depth assessment		
	Crystalline Lens Assessment		
	Use of appropriate illumination		
	Appropriate documentation		
VI	Intraocular Pressure Measurement		
	Explaining the test importance to the patient		
	Anesthetising the eyes		
	Positioning the patient on the slit lamp		
	Measuring the IOP		

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	Documenting the IOP		
	Disinfecting the AT head appropriately		
VII	Direct Ophthalmoscopy		
	Explaining the test importance to the patient		
	Assessing the central retina		
	ONH examination		
	Macula examination		
	Documentation		
VIII	Explaining the patient of their eye status		
	Appropriate Management suggestions		

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BINOCULAR VISION

Wrote subject's name, occupation and age	YES / NO
Wrote date correctly	YES / NO
Proper history elicited	YES / NO
Spectacle or unaided vision noted	YES / NO
Spectacle Rx noted	YES / NO
Retinoscopy done properly	YES / NO
Duochrome done	YES / NO
JCC done	YES / NO
Binocular balancing done	YES / NO
Borish near test done	YES / NO
ADD mentioned	YES / NO
Sterepsis done	YES / NO
WFDT done for distance and near	YES / NO
Extra ocular motility noted	YES / NO
Pursuits and saccades checked	YES / NO
Cover test done for distance and near	YES / NO
Maddox rod phoria checked (vertical/horizontal) for D & N	YES / NO
PBCT done for D & N	YES / NO
AC/A ratio done	YES / NO
NPC break/recovery done & repeated with acc target	YES / NO
NPC sub & obj noted	YES / NO
NPC rechecked with red glass, qualitative comments present	YES / NO
NPA done M/O & B/O, AA noted, Hofstetter's values noted	YES / NO
MEM done	YES / NO
NRA, PRA done	YES / NO
Fusional vergences done for D & N (BO, BI and vertical)	YES / NO
Vergence facilty done	YES / NO
Accommodative facility done M/O & B/O	YES / NO
Qualitative results noted	YES / NO
CISS performed and results noted	YES / NO
Ability to diagnose the problem if any	YES / NO
Final glasses prescribed after all the tests	YES / NO

Knowledge of therapy/treatment protocols demonstrated	YES / NO
Knowledge of prism prescription demonstrated	YES / NO
Referral to binocular vision specialist	YES / NO
Follow up mentioned	YES / NO

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LOW VISION		
	RE	LE
Wrote subjects name and age	YES / NO	YES / NO
Wrote date correctly	YES / NO	YES / NO
Ocular Diagnosis noted	YES / NO	YES / NO
Spectacle or unaided LogMAR vision noted	YES / NO	YES / NO
Spectacle Rx noted	YES / NO	YES / NO
Ocular Rx noted, if appropriate	YES / NO	YES / NO
Task related history taken	YES / NO	YES / NO
Consanguinity noted	YES / NO	YES / NO
Family history noted	YES / NO	YES / NO
Mobility issues addressed	YES / NO	YES / NO
Head position / face turn correctly identified, if any	YES / NO	YES / NO
Objective refraction/retinoscopy conducted	YES / NO	YES / NO
Subjective Refraction conducted	YES / NO	YES / NO
Contrast sensivitivity recorded with BCVA	YES / NO	YES / NO
Amsler test conducted with BCVA	YES / NO	YES / NO
Color vision recording done with BCVA	YES / NO	YES / NO
Glare testing done	YES / NO	YES / NO
Tints / Filters trial done in outdoors	YES / NO	YES / NO
Magnification calculation for distance	YES / NO	YES / NO
Magnification calculation for near	YES / NO	YES / NO
Distance vision devices demontration done	YES / NO	YES / NO
Telescope training given	YES / NO	YES / NO
Near vision device trial done	YES / NO	YES / NO
Illumination levels noted as per preference	YES / NO	YES / NO
Reading speed noted	YES / NO	YES / NO
VA Recording done with final Distance devices	YES / NO	YES / NO
VA Recording done with final Near devices	YES / NO	YES / NO
Training of near devices given	YES / NO	YES / NO
Non Optical / functional adaptive Devices dispensed	YES / NO	YES / NO
Simulation of device, to the relative done if required	YES / NO	YES / NO
Discussed which Devices are the better option	YES / NO	YES / NO
Rehabilitation and counselling done	YES / NO	YES / NO
Referral to rehabilitation Specialist , or any other if required.	YES / NO	YES / NO
Specified final Presciption	YES / NO	YES / NO

Soft contact Lens			RE	MARKSHEET LE	MARK
			RE	LE	MARK
NAME:		GROUP:	PASS/FAIL	PASS/FAIL	
Wrote subjects name			YES / NO	YES / NO	1
Wrote date correctly			YES / NO	YES / NO	1
Eye indicated correctly			YES / NO	YES / NO	1
Spectacle Rx noted			YES / NO	YES / NO	1
Spectacle or unaided vision noted			YES / NO	YES / NO	4
Ocular Rx noted, if appropriate			YES / NO	YES / NO	3
Keratometry correctly written			YES / NO	YES / NO	6
HVID measured			YES / NO	YES / NO	4
Lid tension noted			YES / NO	YES / NO	2
Pupil size measured in ambient illumination			YES / NO	YES / NO	2
Pupil size measured in low illumination			YES / NO	YES / NO	2
Contact lens name written			YES / NO	YES / NO	2
Contact lens specification written			YES / NO	YES / NO	4
Observed Total Diameter correctly			YES / NO	YES / NO	6
Noted centration correctly			YES / NO	YES / NO	6
VLM correctly measured			YES / NO	YES / NO	6
Lag correctly measured			YES / NO	YES / NO	6
PUT correctly measured			YES / NO	YES / NO	8
Over-refraction correctly found			YES / NO	YES / NO	8
VA noted			YES / NO	YES / NO	4
Vision after a blink noted			YES / NO	YES / NO	6
BVP correctly ordered			YES / NO	YES / NO	4
Specification manufacturer noted			YES / NO	YES / NO	2
Material/design name noted			YES / NO	YES / NO	3
Specification written correctly			YES / NO	YES / NO	4
Choice of lens correctly made			YES / NO	YES / NO	4
TOTAL					100

TORIC SCL		
	RE	LE
NAME:	PASS/FAIL	PASS/FAIL
Wrote subjects name	YES / NO	YES / NO
Wrote date correctly	YES / NO	YES / NO
Eye indicated correctly	YES / NO	YES / NO
Spectacle Rx noted	YES / NO	YES / NO
Spectacle or unaided vision noted	YES / NO	YES / NO
Ocular Rx noted, if appropriate	YES / NO	YES / NO
Keratometry correctly written	YES / NO	YES / NO
HVID measured	YES / NO	YES / NO
Lid tension noted	YES / NO	YES / NO
Pupil size measured in ambient illumination	YES / NO	YES / NO
Pupil size measured in low illumination	YES / NO	YES / NO
Contact lens name written	YES / NO	YES / NO
Contact lens specification written	YES / NO	YES / NO
Method of stabilization written	YES / NO	YES / NO
Observed Total Diameter correctly	YES / NO	YES / NO
Noted centration correctly	YES / NO	YES / NO
VLM correctly measured	YES / NO	YES / NO
Lag correctly measured	YES / NO	YES / NO
PUT correctly measured	YES / NO	YES / NO
Scribe marks located	YES / NO	YES / NO
Axis mislocation measured	YES / NO	YES / NO
Over-refraction correctly found	YES / NO	YES / NO
VA noted	YES / NO	YES / NO
Vision after a blink noted	YES / NO	YES / NO
Axis compensated using LARS / CAAS rule	YES / NO	YES / NO
BVP correctly ordered	YES / NO	YES / NO
Specification manufacturer noted	YES / NO	YES / NO
Specification written correctly	YES / NO	YES / NO
Choice of lens correctly made	YES / NO	YES / NO

RGP CLINICAL ASSESSMENT FEEDBACK			
		MARKSHEET	
	RE	LE	MARK
	PASS/FAIL	PASS/FAIL	
Wrote subjects name	YES / NO	YES / NO	1
Wrote date correctly	YES / NO	YES / NO	1
Eye indicated correctly	YES / NO	YES / NO	1
Spectacle Rx noted	YES / NO	YES / NO	1
Spectacle or unaided vision noted	YES / NO	YES / NO	4
Ocular Rx noted, if appropriate	YES / NO	YES / NO	3
Keratometry correctly written	YES / NO	YES / NO	6
Position of lids drawn	YES / NO	YES / NO	2
Lid tension noted	YES / NO	YES / NO	2
HVID measured	YES / NO	YES / NO	4
VPA measured	YES / NO	YES / NO	3
Pupil size measured in ambient illumination	YES / NO	YES / NO	2
Pupil size measured in low illumination	YES / NO	YES / NO	2
Contact lens specification written correctly	YES / NO	YES / NO	4
Habitual position correctly identified	YES / NO	YES / NO	3
Vertical lens movement correctly measured	YES / NO	YES / NO	3
Version movement assessment correctly identified	YES / NO	YES / NO	3
Fluorescein pattern correctly drawn	YES / NO	YES / NO	4
Central pattern correctly identified	YES / NO	YES / NO	4
Mid peripheral pattern correctly identified	YES / NO	YES / NO	4
Edge clearance correctly identified	YES / NO	YES / NO	4
Total diameter correctly identified	YES / NO	YES / NO	4
Fitting philosophy correctly identified	YES / NO	YES / NO	4
Over-refraction correctly found	YES / NO	YES / NO	4
VA taken with over-refraction	YES / NO	YES / NO	4
Ordered BVP correctly found	YES / NO	YES / NO	4
Completed 'checks' correctly	YES / NO	YES / NO	3

Peripheral curves width calculated correctly	YES / NO	YES / NO	2
Peripheral curves radii calculated correctly	YES / NO	YES / NO	2
Specified correct design	YES / NO	YES / NO	3
Specified choice of material	YES / NO	YES / NO	3
Specified paramaters to be ordered	YES / NO	YES / NO	3
Discussed which lens was the better option	YES / NO	YES / NO	3
TOTAL			100