NOTICE CHANGES. ASK GOOD QUESTIONS. MAKE A PLAN.

Myopia risk checklist for parents

Understand your child's vision, prepare for the eye exam, and build a plan your family can follow.

01

Notice

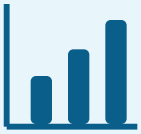
Write down what your child, teacher, or family has noticed about vision.

02

Ask

Bring your concerns to a full eye exam. Learn what the results mean.

03



Plan

Choose the next step with the doctor. Keep the care plan and next visit in one place.

02	10 things to notice and share with the doctor
03-04	Understand the exam and your child's Ortho-K fit
05-06	Home habits and the first month of Ortho-K
07-09	Visit questions, family costs, and a vision record

01 / NOTICE AND SHARE

Your 10-point checklist

Myopia means nearsightedness: distant things look blurry. [1]

Check anything that fits. These are observations and discussion prompts, not a risk score. Some signs can have other causes. No checked boxes does not rule out an eye problem.

- [ ] 01. A parent or sibling is nearsighted.
- [ ] 02. My child already wears glasses for distance.
- [ ] 03. The glasses prescription changed at a recent visit.
- [ ] 04. My child squints to see things far away.
- [ ] 05. My child moves closer to the board, TV, or signs.
- [ ] 06. My child says distant things look blurry.
- [ ] 07. A teacher or screening raised a vision concern.
- [ ] 08. Books or screens are often held very close.
- [ ] 09. Close-up work goes on for long stretches without breaks.
- [ ] 10. Outdoor time is limited on most days.

What should you do with the answers?

If you notice blur, squinting, a screening concern, or a change in daily tasks, arrange a full eye exam. Share when it began and whether it happens with glasses on. Family history and habits help the discussion, but only an exam can diagnose myopia.

A school screening is a useful first check. It does not replace a full eye exam, even when a child passes. Sudden vision changes or eye pain need prompt care.

Sources [1-2]. This checklist is not a validated screening test and does not assign a risk level.

02 / UNDERSTAND THE EXAM

What the doctor is measuring

A clear view today and slower change over time are different goals.

Start with two questions

Does my child need help seeing clearly now? Is my child's myopia changing over time? Clear vision alone does not tell us whether eye growth has slowed. The doctor tracks both sight and change over time.

Prescription: how much vision correction is needed

The exam measures the lens power that helps your child see. A more negative myopia number usually means more distance correction is needed. Ask the doctor to compare old and new results using the same measure. Do not judge change from one number alone.

Axial length: the eye's front-to-back size

This measurement can help track eye growth. Ask whether it is useful for your child and how the change compares with what is expected at their age. One measurement is a starting point, not a complete answer. [7]

Eye health and focusing: the rest of the picture

The doctor checks more than the eye chart. Drops may be used to relax focusing and help measure the prescription. Ask what each test showed and when to return. Bring the school note and old prescriptions if you have them. [2-3]

Words you may hear

Progression: Myopia getting worse over time.
Refraction: The test used to find a prescription.
Diopter (D): The unit used for lens power.
Cornea: The clear front of the eye.
Myopia control: Care intended to slow myopia change, not cure it.

Ask the doctor to explain any result you do not understand. Record the agreed plan and next visit on page 9.

Sources [2-3, 7]. Use the record on page 9 to keep results and the next visit in one place.

03 / UNDERSTAND SLEEPSEE

Could Ortho-K fit your child?

The eye exam and your family's routine both matter.

Two goals to discuss with the doctor

sleepSEE uses custom Ortho-K lenses worn during sleep and removed in the morning. The goals are clearer daytime vision and, for eligible children, slower myopia change. These are separate things to track. Ortho-K does not cure myopia or guarantee that it will stop getting worse. [1-2, 4]

First: are the eyes a good fit?

The doctor checks the prescription, eye health, and shape of the cornea. Tell them about allergies, eye rubbing, infections, and any past treatment. Ask which findings support Ortho-K and whether anything needs care before starting.

Next: is the child ready to take part?

Your child should be willing to learn and able to tell you about blur or discomfort. Practice lens handling with the team. A parent or caregiver needs to supervise the routine. Readiness is about safe habits and support, not just age.

Then: can the family keep the routine?

Plan who will help at bedtime and in the morning. Think about school nights, shared homes, sleepovers, and travel. Make room for visits and care supplies. Tell the team about any barrier before committing.

What progress should look like

Ask the doctor to set vision goals and explain how prescription or eye-growth changes will be followed. Lens approval for temporary vision correction is not the same as approval for myopia control. Ask how the prescribed use applies to your child. [2, 4]

If the exam shows Ortho-K is not a good fit, ask the doctor what the findings mean and what follow-up your child needs.

Sources [1-2, 4]. An exam decides candidacy. This guide describes sleepSEE's Ortho-K service.

04 / BUILD HABITS THAT LAST

A four-week family plan

Small routines can support care. They do not replace exams or prescribed treatment.

Choose one habit your family can repeat

Make time outdoors with sun protection. Break up long stretches of close work. Keep books and screens at a comfortable distance; AAPOS suggests at least 12 inches. A 20-20-20 reminder means looking about 20 feet away for 20 seconds after 20 minutes of close work. [2]

1

Week 1 · Notice your starting point

For three typical days, note when outdoor time and long close-work periods happen. Ask your child what makes it hard to see. Notice patterns without blame.

2

Week 2 · Add a reliable outdoor moment

Choose something tied to the day: a walk after school, play before dinner, or a weekend park visit. Set a realistic goal with your child. Use sun protection and adapt for weather and safety.

3

Week 3 · Make breaks easy

Put a reminder beside the homework space. Breaks apply to books as well as screens. Let your child choose the cue, such as finishing a page or hearing a timer.

4

Week 4 · Keep what worked

Talk about the easiest habit and the one that needs a change. Bring any vision concern to the doctor. Do not wait for the next routine visit if symptoms are new.

Our chosen habit and when we will do it

Source [2]. Outdoor time may lower the chance of myopia developing; it is not a cure.

05 / IF ORTHO-K IS THE PLAN

The first month, as a family

A child needs a willing adult helper, clear instructions, and follow-up care.

1

Before starting: practice together

Ask who will put in, remove, and clean the lenses. Have the team watch both of you practice. Get the exact solution name, written steps, wear schedule, and first follow-up date. Decide how your child will see if a lens cannot be worn.

2

The first days: keep the plan close

Follow the doctor's visit schedule. Ask what to do before the first morning check. Note how your child sees at school and late in the day. Share blur or trouble with the routine instead of changing wear time yourself.

3

Weeks 2-4: check that care works at home

Give the doctor a short update on comfort, vision, missed wear, and cleaning. Ask whether a fit change is needed. Before the month ends, confirm later visits and who will track prescription or eye-growth changes.

Use a simple safety rule

Keep water away from lenses and cases. Wash and dry hands. Use only approved care products and fresh solution; never top off old solution. Follow the full cleaning and disinfecting steps. Do not share lenses. Ask for a care plan for sleepovers and travel. [5]

Eye pain, redness, light sensitivity, discharge, or sudden blur?

Remove the lenses and call an eye doctor right away. Do not put them back in while waiting for advice. These symptoms can be serious; do not wait for a scheduled follow-up. [6]

Adult helper / backup helper

Office / after-hours phone

Sources [4-6]. This page supports, but does not replace, hands-on lens training.

06 / BRING THIS TO THE VISIT

Six questions. One clear plan.

Take notes on the answers that will change what you do next.

1

Is this myopia, and has it changed?

Ask what the exam showed and how today's results compare with earlier ones.

2

What is our goal for treatment?

Ask what would count as good progress for this child, and how the doctor will measure it.

3

Is my child a good fit for Ortho-K?

Discuss the exam findings, likely benefits, risks, and daily care. Ask about the lens label and the prescribed use.

4

What will care ask of our family?

Confirm who helps with lens care, the wear schedule, and what to do after a missed night or lost lens.

5

What will we pay now and later?

Ask about testing, visits, lenses, supplies, replacements, and terms for changing or stopping care.

6

When do we return, and when do we call sooner?

Record the next visit on page 9 and the office phone on page 6. Ask which symptoms need an urgent call.

Leave with a written plan

Use the cost worksheet on page 8 to record the quoted fees. Record the agreed care plan and next visit on page 9. Ask the team to explain anything you are unsure about before you enroll.

Source [7]. The downloadable guide is free. Evaluations are paid visits.

07 / PLAN YOUR FAMILY'S BUDGET

Myopia Control pricing

Know the first-year fee and what to budget for later.

Founding-location fees · updated September 26, 2026

$93 evaluation: Credited toward the program if your child enrolls.
Myopia Control: $2,750 first year. Custom lenses, fitting, first-year visits and monitoring, and remakes during the initial 30-day fitting period.
After year one: Annual exam $149. Buy a full pair of lenses ($490) every two years. One lens costs $245 if needed. Supplies and other care cost extra. [7]

A five-year planning example

$2,750 + four $149 annual exams + two $490 lens pairs = **$4,326 over five years.** This assumes new pairs in years 3 and 5. Supplies, extra lenses and other care cost more. Do not count the $93 credit twice. Ask for your own quote.

Your family's Ortho-K budget

Use written quotes. Enter $0 for included costs. Add year 1 and years 2-5. Fields do not calculate totals.

First year

Program ($)	Supplies / extras ($)	Year 1 total ($)

Years 2-5 combined

Visits / testing ($)	Replacement lenses ($)	Supplies / extras ($)

Your full five-year estimate

Year 1 total ($)	Years 2-5 total ($)	Five-year total ($)

Source [7]. Evaluations have a fee. Confirm current prices and terms before paying.

08 / KEEP A USEFUL RECORD

My child’s vision plan

Fill in the measurements with your eye-care team. Save a fresh copy for each visit.

Visit date / child’s age

Doctor / clinic

Right eye: prescription as recorded

Left eye: prescription as recorded

Right eye: axial length (mm), if measured

Left eye: axial length (mm), if measured

Doctor’s view of change / agreed treatment plan

Next visit / one home action

Find a sleepSEE provider

Evaluations have a fee. Confirm current pricing before booking.

Trusted reading · tap a source to learn more

[1] NEI: myopia basics

[2] AAPOS: child myopia

[3] AAPOS: exam eye drops

[4] FDA: Ortho-K overview

[5] CDC: lens care

[6] FDA: warning signs

[7] sleepSEE: fees and care

This guide is for learning, not diagnosis. Save your filled-in PDF or print a copy. Sources checked September 2026.