The information in this leaflet is intended to provide a general outline of how vision and learning can be affected by Monocular Vision.

It is important to note that each person may be affected in different ways by their visual impairment and so need to be considered in terms of their individual needs.

What is Monocular Vision?
In short: only being able to see with one eye. This may be temporary for example where an eye patch is applied to help correct a squint, or permanent. Many children in our schools have Monocular Vision and many of them have sufficient functional vision to cope in school situations and overcome minor difficulties. The PATSS team rarely become involved if the individual’s visual impairment is solely that they have monocular vision. However, visual functioning varies from individual to individual.

Vision in one eye may fail to develop normally during early childhood due to:

- Ocular abnormalities in one eye only for example Cataract, Glaucoma.
- A significant refractive error in one eye (long or short sight).
- An uncorrected squint, leading to a condition known as amblyopia where the brain ‘switches off’ the signal from the weaker eye (see separate leaflet).
- In later life, vision may become monocular due to trauma to the head or direct damage to one eye.

Visual effects of Monocular Vision
The main problems arising from monocular vision, particularly when it occurs later in life are:

- Fields of vision are narrowed by around 20 per cent.
- Depth perception and judging speed and distance become difficult.
- Learnt reflexes and hand-eye motor skills may need to be re-learnt.
- Psychological effect may be exaggerated for example over-reaction to contact on their blind-side.

Educational implications
The common areas of difficulty in school environments are:

- Precision of reaching, manipulation and balance.
- Hand-eye coordination for fine motor skills such as writing and drawing.
- Impaired physical co-ordination causing collision with furniture, objects or other people.
- Ascending and descending staircases and curbs, particularly if poorly marked.
- PE – judging speed and distance of balls and other individuals, hitting or kicking moving balls, jumping down from apparatus.
Potential social issues arising from being born with Monocular Vision, or trauma of sudden sight loss may cause behavioural problems in some cases.

**What can you do to help?**

- Where possible, ensure that everything of importance is either in front of the child or to their good side.
- Check that the child is in the best position during demonstrations, assembly, story time and during lessons when the overhead projector is used.
- The teacher or partner should sit on the child's good side when working with them and when using text, this should be placed on the child's good side. Try to maintain eye-to-eye contact with the child's sighted eye.
- A flexible approach is required to where the child sits in a classroom and how they choose to position themselves relative to tables in order to work efficiently.
- Allow extra time to learn new physical skills, for example catching a ball.
- Clearly mark the edges of steps.

**Further advice and support**

Plymouth Advisory Team for Sensory Support - 01752 305252

[Royal National Institute of the Blind](https://www.rnib.org.uk) - 0845 766 9999

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