

Please circle the best answer. If unsure leave blank.

1. Appearance of the Eyes		School Performance				
Red eyes or lids?	Yes / No					
Watery Eyes?	Yes / No		Likes school?	Yes / No		
Crusty yellow stuff on the lids or lashes?	Yes / No		Likes Teacher?	Yes / No		
Styes?	Yes / No		Has repeated a grade?	Yes / No		
One eye turns in or out at any time?	Yes / No		If so what grade?			
			Any difficulties at School?	Yes / No		
2. Reading & Writing		Please describe:				
Burning or Itching during or after reading?	Yes / No	Any subjects that seem more difficult?				
Headaches front or side of head?	Yes / No					
Print blurs?	Yes / No		School Work Is?	Below Average		
Feels sick?	Yes / No			Average		
Gets dizzy?	Yes / No			Above Average		
Words move around on the page?	Yes / No					
			Any remedial help currently?	Yes / No		
3. Behavioural Signs of Visual Problems		Any indication of hearing problems?				
				Yes / No		
a. Eyemovement abilities		Full term Birth?				
Writes Uphill / Downhill?	Yes / No			Yes / No		
Needs to use finger to follow the line?	Yes / No		Normal Birth?	Yes / No		
Loses place when reading?	Yes / No		Any complications after birth?	Yes / No		
Short attention span reading or writing?	Yes / No		When tired the child becomes?	Quiet		
Re-reads or skips lines unknowingly?	Yes / No			Irritable		
Orients Drawings poorly on the page?	Yes / No			Excited		
			When under pressure is there a pattern of behaviour?	Sucks thumb		
b. Eye co-ordination abilities		Bites Nails				
Repeats letters within words?	Yes / No					
Sees double?	Yes / No	Childhood Illnesses		Age	Mild	Severe
Leaves out letters / numbers / phrases / words?	Yes / No	1				
Trouble lining up numbers in columns?	Yes / No	2				
Squints / closes / covers one eye?	Yes / No	3				
Tilts head whilst reading / writing?	Yes / No	General Health:				
Poor Posture while reads / writes?	Yes / No					
		Visual History				
c. Eye Hand Co-Ordination		Yes / No	How long have you noticed the visual difficulties listed?			
Must feel things to help recognise them properly?	Yes / No		Has the child had an eye test before?	Yes / No		
Confuses right & left?	Yes / No		If so how long ago?			
Writes crookedly, poorly spaced, cannot stay on line?	Yes / No		What diagnosis was made?			
Uses other hand as 'spacer' to control spacing / alignment on page?	Yes / No		Were Glasses prescribed?	Yes / No		
			If so for what?	Near	Distance	Both
d. Visual Perception		Yes / No	Any eye problems in the family?			
Mistakes words with same or similar beginnings?	Yes / No		Who has the problem?			
Doesn't recognise the same word in the next sentence?	Yes / No		Self Image			
Reverses letters / Words?	Yes / No					
Whispers to self when reading?	Yes / No		Is your child's self image?	Poor	Average	Good
Draws with fingers to decide likes and differences?	Yes / No		Is their Self-Confidence?	Poor	Average	Good
e. Refractive Status			Other comments:			
Comprehension gets worse as continues to read?	Yes / No					
Mispronounces similar words as continues to read?	Yes / No					
Blinks a lot when doing close work?	Yes / No					
Holds devices or books very close to read?	Yes / No					
Trys to avoid near work?	Yes / No					
Makes errors copying from the Board?	Yes / No	Teacher's Comments:				
Makes errors copying from notebook or tablet?	Yes / No					
Squints to see the Board or wants to sit closer?	Yes / No					
Rubs eyes a lot after concentrating on work or TV?	Yes / No					
Gets tired fast or blinks a lot to make distance vision clear	Yes / No					