

Please fill out this form as completely as possible

School-Related Vision Problems: Questions for parents:

Have any of your children had difficulty in school? Yes No

Please explain _____

How do you feel your child is doing in school? Well Below potential Poorly

Please check the signs and symptoms that best describe how your child is doing in school

- Does your child squint when looking up from reading?
- Have trouble seeing the chalkboard?
- Frequently blink or rub eyes?
- Have headaches after doing school work?
- Frequently bump into things, knock things over?
- Report that things look blurry?
- Have trouble copying work from the chalkboard to paper?

- Spend a long time doing homework that should take only a few minutes?
- Reduced attention span, can concentrate for only a moderate time?
- Covers one eye by leaning on hand?
- Lays head on desk when doing pencil work?
- Frequently loses place when reading?
- Skips or re-reads words and lines?
- Reverses words or letters (was for saw, b for d) beyond second grade?
- Does better at math than English, history or social studies?
- Must re-read material several times to grasp its meaning?
- Gets tired quickly when doing reading or homework?

- Short attention span? Can concentrate on reading work for only a few minutes.
- Daydreams a lot? Stares off into the distance frequently?
- Learns best through auditory tactics (listens to learn)?
- Misbehavior has become a problem (to cover up poor school performance)?
 - Acts up when asked to do school work
 - Class clown, "goofs off"
 - Moody or depressed about school and life
 - Aggressive, hits or dominates other children
- Avoids work that includes reading or near seeing?
- Is more than 1 year behind group in reading-related skills?
- Has poor posture? Slouches, slumps in chair?

Developmental Milestones

Full Term Pregnancy? Yes No Normal Birth? Yes No

Any complications before, during or immediately following delivery? Yes No

Please describe _____

Did your child creep (stomach on floor)? Yes No at what age? _____

Did your child crawl (stomach off floor)? Yes No at what age? _____

Did your child move around on all fours? Yes No at what age? _____

At what age did your child walk? _____ Was your child active? Yes No