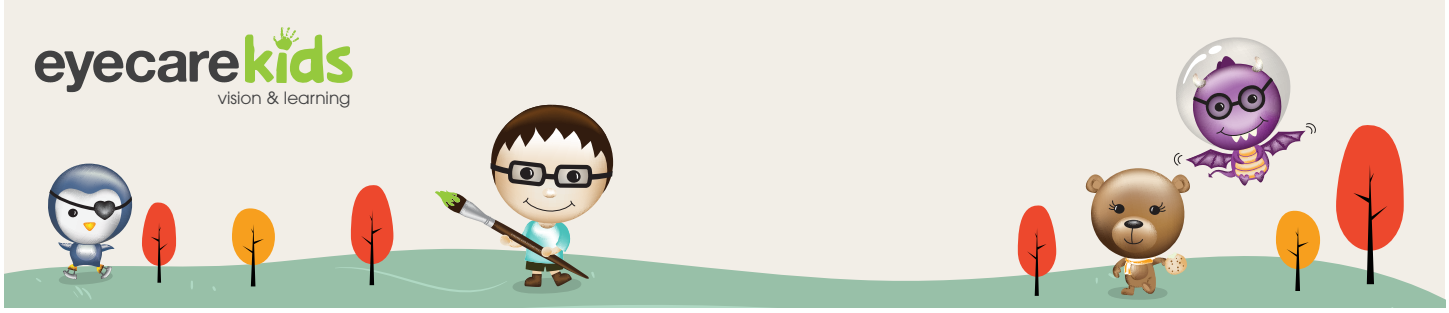
eyecarekids
vision & learning



Name of Student: _____ Age: _____

Name of Parent / Guardian: _____ Date: _____

CHECKLIST OF OBSERVABLE CLUES TO CLASSROOM VISION PROBLEMS

Students found to have any visual or eye problems on the checklist should be referred to a behavioural optometrist.

Instructions: Please print out this form and tick all statements that apply. Present the filled-out form to your behavioural optometrist on the day of your appointment.

1. APPEARANCE

- ☐ One eye turns in or out at any time
- ☐ Reddened eyes or lids
- ☐ Eyes tear excessively
- ☐ Encrusted eyelids
- ☐ Frequent styes on lids

2. COMPLAINTS WHEN USING EYES AT DESK

- ☐ Headaches in forehead or temples
- ☐ Burning or itchy eyes after reading or desk work
- ☐ Nausea or dizziness
- ☐ Print blurs after reading a short time

3. BEHAVIORAL SIGNS OF VISUAL PROBLEMS

A. EYE MOVEMENT ABILITIES (Ocular Motility)

- ☐ Head turns when reading across page
- ☐ Loses place frequently during reading
- ☐ Needs finger or marker to keep place
- ☐ Short attention span in reading or copying
- ☐ Too frequently omits words
- ☐ Repeatedly omits small words
- ☐ Writes uphill or downhill on paper
- ☐ Rereads or skips lines unknowingly
- ☐ Orients drawings poorly on page

B. EYE TEAMING ABILITIES (Binocularity)

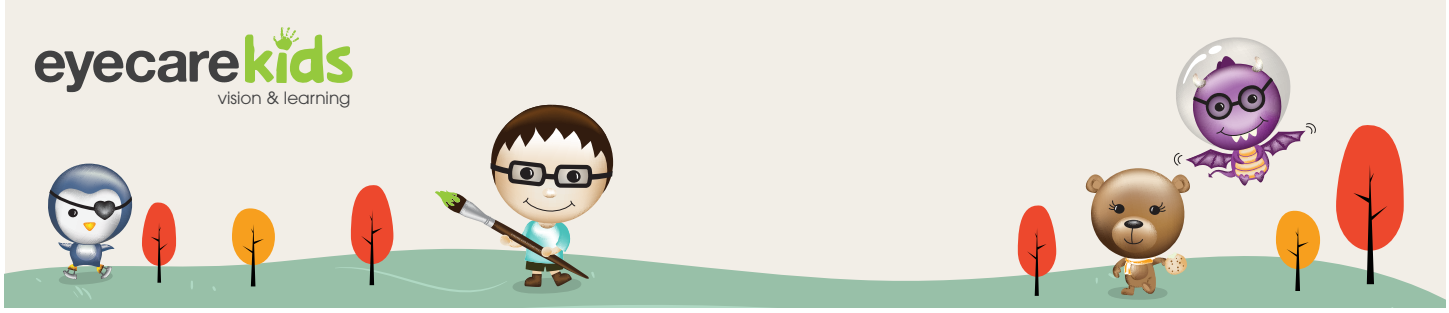
- ☐ Complains of seeing double (diplopia)
- ☐ Repeats letters within words
- ☐ Omits letters, numbers or phrases
- ☐ Misaligns digits in number columns
- ☐ Squints, closes, or covers one eye
- ☐ Tilts head at extreme angle while working at desk
- ☐ Consistently shows gross postural deviations at all desk activities

C. EYE-HAND COORDINATION ABILITIES

- ☐ Must feel things to assist in any interpretation required
- ☐ Eyes not used to "steer" hand movements (extreme lack of orientation, placement of words or drawings on page)
- ☐ Writes crookedly, poorly spaced; cannot stay on ruled lines
- ☐ Misaligns both horizontal and vertical series of numbers
- ☐ Uses hand or fingers to keep place on the page
- ☐ Uses other hand as "spacer" to control spacing and alignment on page
- ☐ Repeatedly confuses left-right directions

D. VISUAL FORM PERCEPTION (Visual Comparison, Visual Imagery, Visualization)

- ☐ Mistakes words with same or similar beginnings
- ☐ Fails to recognize same word in next sentence
- ☐ Reverses letters and/or words in writing and copying
- ☐ Confuses likenesses and minor differences
- ☐ Confuses same word in same sentence
- ☐ Repeatedly confuses words with similar beginnings and endings
- ☐ Fails to visualize what is read silently or aloud
- ☐ Whispers to self for reinforcement while reading silently
- ☐ Returns to "drawing with fingers" to decide similarities and differences



E. REFRACTIVE STATUS (Nearsightedness, Farsightedness, Focus Problems)

- ☐ Comprehension reduces as reading continues; loses interest too quickly
- ☐ Mispronounces similar words as continues reading
- ☐ Blinks excessively at desk tasks and/or reading; not elsewhere
- ☐ Holds book too closely; face too close to desk surface
- ☐ Avoids all possible near-centred tasks
- ☐ Complains of discomfort in tasks that demand visual interpretation
- ☐ Closes or covers one eye when reading or doing desk work
- ☐ Makes errors in copying from chalkboard to paper on desk
- ☐ Makes errors in copying from page to paper
- ☐ Squints to see chalkboard, or requests to move nearer
- ☐ Rubs eyes during or after short periods of visual activity
- ☐ Fatigues easily; blinks to clear chalkboard after reading or writing

Additional Observation:

_____

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_____

Do you suspect your child to have vision problems that negatively affect their learning?

BOOK AN APPOINTMENT WITH OUR BEHAVIORAL OPTOMETRIST TODAY.

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