

Teacher Questionnaire

To the teacher of _____ Grade _____ School _____

The child named above is receiving vision care in our office. In order to address the impact of vision problems on classroom performance, we would like your observations of this child's behavior in school. The following checklist identifies many of the clues and symptoms that are often observed in a child with a vision problem. Please read through this list and check items that you have noted to occur frequently in this child's case. (Examples of near vision tasks including reading, writing, or computer work).

Eye Focusing Problem (Accommodation)

- Blinks excessively during near vision tasks
- Frowns, scowls, or squints to see blackboard
- Avoids near vision tasks
- Fatigues easily during near vision tasks
- Rubs eyes during or after near vision tasks
- Complains of blur during or after near vision tasks
- Poor reading comprehension
- Headaches in forehead or temples
- Unusual fatigue or restlessness during or after near vision tasks

Eye Tracking Problem (Oculomotor)

- Skips or rereads letters or words
- Rereads lines or phrases
- Mistakes words with similar beginnings or endings
- Uses finger when reading
- Loses place often when reading
- Omits small words when reading
- Moves head excessively as reads across page

Eye Teaming Problem (Binocularity)

Please comment on the following:

1. Does child have any academic problems? Yes No

Check areas of difficulty/explain if needed:

- Vocabulary
- Reading Rate
- Word Recognition
- Reading comprehension
- Spelling
- Math
- Science
- Social Science/History
- Other subjects: _____

2. Is he/she in the top third, middle third, or lower third of class?

3. At what grade level does child read?

4. Any other observations and/or comments you feel may be beneficial to us would be appreciated.

- Complains of seeing double
- Covers or closes one eye during near vision tasks
- One eye turns (in, out, up or down) at any time
- Excessive tearing of eyes
- Tilts or turns head to one side during near vision tasks
- Complains of letter or lines "floating," "running together," or "jumping around"
- Reports confusion of what is seen

Visual Information Processing Problem

- Fails to recognize same word in next sentence
- Confuses minor likenesses and differences
- Makes errors in copying from chalkboard or reference book to notebook
- Difficulty completing assignments in timely fashion
- Poor printing or handwriting
- Short attention span
- Says words aloud or moves lips as reads
- Reverses letters, numbers or words
- Poor reading comprehension

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May we contact you if further information is required; if so, please provide a telephone number at which you can be reached.

Teacher _____ Phone _____

School Name _____

Address _____

I hereby give my consent to release the above information.

Signature of Parent or Guardian

Date