

**This Section is for the Parent or Guardian to Complete**

I, ..... ( ☐ Parent ☐ Guardian) grant permission for the  
release of confidential information regarding .....(child) to **optometry@cooroy**.

Signed .....

Date.....

School .....

Grade ..... Teacher .....

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**The Next Section is for the Teacher to Complete**

Teachers usually have had the opportunity to observe the child in many different situations and may be in a situation to notice some difficulties experienced by the child. The following is a checklist of symptoms that have been found to be frequently associated with a vision problem. It is a combined form for all grade levels including preschool. Please fill out the relevant sections according to the child's grade and expected developmental level for their age.

Please read through the relevant sections according to the child's grade and developmental level and check those items you have noticed in this child's case.

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**Appearance of Eyes**

- ☐ One eye turns in or out at any time  
(if so, Right or Left?)
- ☐ Reddened eyes or lids
- ☐ Watery eyes

**General Behaviour**

- ☐ Complains of headaches
- ☐ Dislikes tasks requiring sustained visual concentration
- ☐ Avoids close work or tasks
- ☐ Irritability or restlessness after close work
- ☐ Daydreaming or inattentiveness
- ☐ Blinks excessively
- ☐ Frowns, scowls or squints
- ☐ Covers one eye (if so, Right or Left?)
- ☐ Closes one eye (if so, Right or Left?)
- ☐ Complains of double vision
- ☐ Rubs eyes frequently
- ☐ Tilts head to one side

**Body posture and space awareness**

- ☐ Unusual awkwardness
- ☐ Frequent tripping or stumbling
- ☐ Confuses right or left directions
- ☐ Improper or awkward posture while writing
- ☐ Improper or awkward posture while reading

**Regarding Pre-school or 1st Grade child**

Inadequate development for age in any of the following skills:

- ☐ Colouring activities
- ☐ Cutting
- ☐ Painting
- ☐ Block Play
- ☐ Puzzle Play
- ☐ Outside Play
- ☐ Climbing

*Continued on the next page....*

## BEHAVIOURAL SIGNS OF POSSIBLE FUNCTIONAL VISUAL PROBLEMS

### Eye Movement Abilities

- ☐ Head turns as reads across page
- ☐ Lose place frequently during reading
- ☐ Needs finger or marker to keep place
- ☐ Short attention span in reading or copying
- ☐ Frequently omits words
- ☐ Writes up or downhill on paper
- ☐ Rereads or skips lines unknowingly
- ☐ Orients drawing poorly on page

### Eye Teaming Abilities

- ☐ Repeats letter within words
- ☐ Omits letters, numbers or phrases
- ☐ Misaligns digits in number columns
- ☐ Squints, closes or covers one eye
- ☐ Tilts head extremely while working at desk

### Eye-Hand Coordination Abilities

- ☐ Must feel things to get the idea
- ☐ 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 as spacer to control spacing and alignment on page
- ☐ Repeatedly confuses left-right directions
- ☐ Difficulties with ball-handling in sport

### Visual Perceptual Function

- ☐ Fails to recognize same word in next sentence
- ☐ Reverses letters & or words in writing & copying
- ☐ Difficulty recognizing minor differences
- ☐ Repeatedly confuses words with similar beginnings and endings
- ☐ Fails to visualize what is read silently or aloud
- ☐ Uses tracing with fingers to discriminate similarities and differences

### Refractive Status (Short or longsightedness, focus problems, etc.)

- ☐ Quickly loses interest in reading
- ☐ Blinks excessively at desk tasks or reading
- ☐ Blinks to clear board after reading or writing
- ☐ Holds book too closely; face too close to desk
- ☐ Makes errors in copying from the board
- ☐ Makes errors in copying from page to paper
- ☐ Squints to see board, or requests to move nearer
- ☐ Rubs eyes during or after short periods of visual activities

### Visual Stress

- ☐ Complains that print is moving
- ☐ Says letters change size or shape
- ☐ Describes Illusions of colour—blobs of colour appear on the page or colours surround letters or words
- ☐ Says patterns appear on the page, through or around the print
- ☐ Excessive sensitivity to lighting in classroom

In your opinion, is this child performing at his/her potential? .....

Does this child perform better with written tasks or verbal tasks? .....

What are this child's strengths academically? .....

Does this child have any relative weakness academically? .....

If you can, could you give an estimation of this child's approximate reading age? .....

Are there any other personal impressions about this child that you feel may be helpful to our assessment?

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Signed ..... Date .....

[optometryatcooroy.com.au](http://optometryatcooroy.com.au)

62 Maple St, Cooroy 4563    [info@optometryatcooroy.com.au](mailto:info@optometryatcooroy.com.au)  
Tel: 07 5442 5555    Fax: 07 5442 5740