Checklist of Student Behaviors for Vision Referral

Student: _____ Date of Birth: _____ Grade: _____

Date of Referral: _____ Teacher: _____

School: _____ OT: _____

Classroom Observations:

Reading Observations:

- ☐ Short attention span while reading
- ☐ Avoids reading, difficulty getting started
- ☐ Difficulty keeping place
- ☐ Teacher points to words for student
- ☐ Must use finger to keep place
- ☐ Short reading attention span
- ☐ Omits words in sentence
- ☐ Fatigues, loses comprehension over time
- ☐ Slow/ word by word reading
- ☐ Reverses words or letters when reading
- ☐ Lip reads or says words aloud
- ☐ Skips or rereads words in a sentence
- ☐ Difficulty remembering new words
- ☐ Unable to retrieve newly learned words

Observations of Student:

- ☐ Holds face close to page
- ☐ Correct distance *(at end of pointed elbow)*
- ☐ Turns head to one side:
  ☐ Right ☐ Left
- ☐ Lays head down on arm to read:
  ☐ Right ☐ Left
- ☐ Rubs eyes when reading
- ☐ Covers/closes one eye: ☐ RT ☐ LT
- ☐ Poor sitting position
- ☐ Sets chin on desk to read
- ☐ Slouches
- ☐ Squints/blinks a lot reading
- ☐ Tilts head when reading

Writing Observations:

- ☐ Holds face too close when writing
- ☐ Turns body to side when writing on desk
- ☐ Restlessness while working at desk
- ☐ Tilts head when writing
- ☐ Avoids writing
- ☐ Fatigues when writing
- ☐ Difficulty getting started
- ☐ Difficulty finishing a short writing task
- ☐ Turns head when writing: ☐ RT ☐ LT
- ☐ Works slowly, laboriously when writing
- ☐ Closes/covers one eye w/writing ☐ RT ☐ LT
- ☐ Difficulty copying from the board
- ☐ Omits letters/numbers when copying
- ☐ Immature pencil grip
- ☐ Transposes letters wrong w/copying
- ☐ Reversals in letters
- ☐ numbers

Other: _____

_____

_____

Vision Referral Results & Recommendations

Student: _____ **Date of Exam:** _____

O.D.: _____ **Office Phone:** _____

Vision Exam Results

Appearance of Eyes:

- ☐ Red or swollen with close tasks
- ☐ Turning in / out / up / down
- ☐ Watery or bloodshot eyes
- ☐ c/o Rubbing eyes frequently at school

Symptoms:

- ☐ Eye Strain
- ☐ Fatigue
- ☐ Nausea
- ☐ Dizziness
- ☐ Headache
- ☐ Photosensitivity
- ☐ Diplopia (double vision)
- ☐ Fluctuating visual acuity

Diagnosis:

- ☐ Convergence Insufficiency
- ☐ Convergence Excess
- ☐ Oculomotor Dysfunction
- ☐ Accommodative Infacility
- ☐ Strabismus
- ☐ Lack of Coordination

Affected Activities:

- ☐ Reading difficulties
- ☐ Handwriting difficulties
- ☐ Problems copying from the board
- ☐ Visual attention problem
- ☐ Extended near work
- ☐ Timed tests
- ☐ Homework

O.D./O.T. Classroom Recommendations for Student

Prescription for glasses:

- ☐ **Yes,** type: _____
- ☐ **No**, glasses indicated at this time: follow-up appointment: _____

Glasses Wearing Schedule:

- ☐ Wear all day at school:
- ☐ Wear with near-point tasks at desk:
- ☐ Wear when copying from board:
- ☐ Remove for P.E.

Functional Visual/Learning Activities:

- ☐ Marsden Ball/Suspended
- ☐ Eye Control/Eye Stretching
- ☐ General Body Movement Activities
- ☐ Bal-A-Vis-X: Tracking Ex.

Classroom Accommodations:

- ☐ Special seating: _____
- ☐ Reduced peripheral stimuli
- ☐ Reading with finger
- ☐ Frequent breaks
- ☐ Increase size of print for reading
- ☐ Decrease copying from the board
- ☐ Decrease amount of homework
- ☐ Increase time on tests
- ☐ Slant Board

Other:_____

_____

_____

30 Questions Predictive Checklist

Name _____

Date_____ Age_____

After you consider each question, mark the column that applies to the person you are assessing.

	NEVER	SELDOM	OCCASIONAL	FREQUENTLY	ALWAYS	SCORE
Blur when looking at near	0	1	2	3	4	
Double vision, doubled or overlapping words on page	0	1	2	3	4	
Headaches while or after doing near vision work	0	1	2	3	4	
Words appear to run together when reading	0	1	2	3	4	
Burning, itching or watery eyes	0	1	2	3	4	
Falls asleep when reading	0	1	2	3	4	
Seeing and visual work is worse at the end of the day	0	1	2	3	4	
Skips or repeats lines while reading	0	1	2	3	4	
Dizziness or nausea when doing near work	0	1	2	3	4	
Head tilts or one eye is closed or covered while reading	0	1	2	3	4	
Difficulty copying from the chalkboard	0	1	2	3	4	
Avoids doing near vision work such as reading	0	1	2	3	4	
Omits (drops out) small words while reading	0	1	2	3	4	
Writes up or down hill	0	1	2	3	4	
Misaligns digits or columns of numbers	0	1	2	3	4	
Reading comprehension low, or declines as day wears on	0	1	2	3	4	
Poor, inconsistent performance in sports	0	1	2	3	4	
Holds books too close, leans too close to computer screen	0	1	2	3	4	
Trouble keeping attention centered on reading	0	1	2	3	4	
Difficulty completing assignments on time	0	1	2	3	4	
First response is “I can’t” before trying	0	1	2	3	4	
Avoids sports and games	0	1	2	3	4	
Poor hand/eye coordination, such as poor handwriting	0	1	2	3	4	
Does not judge distances accurately	0	1	2	3	4	
Clumsy, accident prone, knocks things over	0	1	2	3	4	
Does not use or plan his/her time well	0	1	2	3	4	
Does not count or make change well	0	1	2	3	4	
Loses belongings and things	0	1	2	3	4	
Car or motion sickness	0	1	2	3	4	
Forgetful, poor memory	0	1	2	3	4	
					TOTAL SCORE	

20-24 points = suspect **25 points or more=refer for care**

For information, contact
Arizona Vision Therapy Center - (520) 886-8800 - or learn more from these organizations: OEPF.org or COVD.org

Signs of Vision Problems - Checklist

Many kinds of vision problems reveal themselves most easily in behavior, posture and attitude. These signs are usually associated most closely with long periods of visual work done at less than arm's length from a child's eyes. You can easily identify vision problems simply by observing your child and marking this checklist. If you mark more than a few signs, there is good reason to suspect a vision problem.

Please check the signs that best describe your child:

Section A

- ❑ 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 awkward, bump into things, knock things over?
- ❑ Hold books extremely close?
- ❑ Read a great deal of the time?
- ❑ Report that things look blurry?
- ❑ Have trouble copying work from the chalkboard to paper?

Section B

- ❑ 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?

Section C

- ❑ 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?
- ❑ 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?

RECREATION AND LEISURE:

Is child active in sports? ❑ Yes ❑ No

Is child awkward or accident prone? ❑ Yes ❑ No

Does your child use a computer ❑ at home? ❑ at school? How many hours?_____

Does your child watch television more than a few hours daily? ❑ Yes ❑ No How many hours?_____

How does your child react to school stress? ❑ Tries harder ❑ Performance drops ❑ Avoids work

Behavior changes related to school? ❑ Often angry ❑ Class clown ❑ Depressed ❑ Moody

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The information in this personal history form is highly accurate in predicting the presence of vision problems or vision changes. If you have questions about the results, please call:

Arizona Vision Therapy Center • **Amy Thomas, O.D., FCOVD** • 6602 E Carondelet Dr. • Tucson, AZ 85710 • (520) 886-8800

NOTES