



**Family Vision Care
of Richmond**

Eye Teaming Checklist and Parent/Teacher Observations

If your child has 20/20 vision, no history of ocular disease, and passes the school vision screening, he or she may still have a **VISION-RELATED LEARNING PROBLEM**. Please check any of the following that may apply to your child:

A. Visual Comfort AND Visual Efficiency

- Eye(s) turn in or out at any time
- Headaches when reading
- Rubs eyes frequently when reading
- Tilts or turns head when reading
- Gets very tired after reading for a short time
- Avoids near work (reading, writing)
- Hates to read
- Holds book too close to face when reading
- Assumes an awkward sitting position when reading
- Complains of seeing double
- Squints, closes or covers one eye when reading
- Uses finger or marker to keep place when reading
- Often loses place, skips or re-reads words/letters when reading
- Reads too slowly
- Print is blurry when reading or when copying from the board
- Sees print "running together," "jumping," or "moving around"
- Complains that eyes feel like they are "pulling"

B. Visual Processing Skills

- School performance not up to potential
- Reading below grade level
- Reading comprehension decreases with time
- Difficulty with word recognition
- Reverses letters and numbers when reading and writing
- Does not know right side from left side
- Transposes letters and/or numbers (12 instead of 21)
- Fails to complete work in allotted time
- Difficulty copying from the board
- Poor printing or handwriting
- Confuses words with similar beginnings and endings
- Fails to recognize the same word in the next sentence
- Lacks coordination when playing sports
- Clumsy and trips a lot

C. School Performance and Behavior

- Enrolled in special education classes or has an IEP
- Has repeated a year in school
- Low self-esteem, poor self-image
- Gives up too easily or doesn't even try to do a task
- Short attention span, easily distracted, daydreams
- Gets easily frustrated

Additional concerns: _____

Patient Name/Date: _____

Completed by (name/relation): _____