

SCHOOL RELATED VISION PROBLEMS – QUESTIONS FOR PARENTS

Have any of your children had difficulty in school? _____

If your answer is yes, please explain: _____

How do you feel your child is doing in school? _____

Do you feel your child is performing below his/her potential? _____

Please check the signs and symptoms that best describe how your child is doing in school:
(check all that apply)

- My child:
- squints when looking up from reading.
 - has trouble seeing the chalkboard.
 - frequently blinks or rubs eyes.
 - has headaches after doing school work.
 - frequently bumps into things or knocks things over.
 - reports that things look blurry.
 - has trouble copying work from the chalkboard to paper.
 - spends a long time doing homework that should take only a few minutes.
 - has reduced attention span and 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.
 - daydreams a lot and stares off into the distance frequently.
 - learns best through auditory tactics (listens to learn).
 - has behavior problems (may be used 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
 - aggressive, hits or dominates other children
 - avoids work that includes reading or near seeing.
 - is more than one year behind group in reading-related skills.
 - has poor posture – slouches or slumps in chair.

DEVELOPMENTAL MILESTONES

Full-term pregnancy? _____ Normal Birth? _____

Please describe any complications during, or immediately following delivery: _____

Did your child creep (stomach on floor)? _____ At what age? _____

Did your child crawl (stomach off floor)? _____ At what age? _____

Did your child move around on all fours? _____ At what age? _____

At what age did your child walk? _____ Was your child active? _____