

Parent Observations

Name _____ DOB _____

School _____ Grade _____

To: _____ Please complete the following checklist. Your observations will be an important part of the functional vision assessment of the student named above. Place a check () in the space beside each behavior you have observed. Please return to checklist to _____ as soon as possible.

CHARACTERISTICS OF VISION DIFFICULTIES

A. Appearance of the Eyes

- _____ 1. Eyes crossed - turning in or out at any time
- _____ 2. Reddened eyes
- _____ 3. Watery eyes
- _____ 4. Encrusted eyelids
- _____ 5. Frequent styes

B. Behavior Indications of Possible Vision Difficulty

Near Vision:

- _____ 1. Frowning or scowling while reading or writing
- _____ 2. Thrusting head forward or tilting to one side
- _____ 3. Covering or closing one eye habitually
- _____ 4. Unusual fatigue after completing a visual task
- _____ 5. Holds reading materials at an unusual angle
- _____ 6. Turning head, using one eye only

- 7. Bending over to see material
- 8. Constantly shifting position
- 9. Easily distracted
- 10. Holds reading material 6" or less from eyes
- 11. Eyes 6" or less from paper when writing
- 12. Writes unusually large
- 13. Writes unusually small
- 14. Difficulty copying letters and/or numerals accurately from textbook to paper
- 15. Difficulty copying letters and/or numerals accurately from chalkboard to paper
- 16. Difficulty completing assignments in allotted time
- 17. Leaves out parts of assignments put on top, bottom, or side of board
- 18. Difficulty reading and completing dittoed materials
- 19. Difficulty reading and completing copied materials
- 20. Uses finger or marker to guide eyes
- 21. Unduly sensitive to light
- 22. Begins writing in center of page or does not use complete line for writing
- 23. Unable to distinguish colors

Distance Vision:

- 1. Squinting or scowling when reading from board
- 2. Thrusting head forward or moving forward
- 3. Falling more frequently than other students
- 4. Difficulty locating wall clock from 20' distance

- _____ 5. Unable to tell time when hands are on any of the larger numbers
- _____ 6. Unable to tell time when hands are between large numbers
- _____ 7. Fails to see distant objects readily visible to others
- _____ 8. Unable to accurately estimate locations of objects; hence, frequently runs into them
- _____ 9. Walks with extreme caution, looking closely or feeling with the foot for a step up or a step down or for small obstruction

Peripheral Vision:

- _____ 1. Startles when approached from side. If so, indicate which side(s): Right _____ Left _____
- _____ 2. Frequently loses objects outside of central line of vision
- _____ 3. Bumps into objects on either side
- _____ 4. Turns head while traveling
- _____ 5. Begins writing in center of page or does not use complete line for writing

C. Complaints Associated with Using the Eyes

- _____ 1. Headaches
- _____ 2. Nausea or dizziness
- _____ 3. Burning or itching of eyes
- _____ 4. Blurring of vision at any time
- _____ 5. Words or lines running together