

Teacher Questionnaire

To the teacher of _____ Grade _____ School _____

The child named above is receiving vision care in our office (Desmond Vision Therapy). In order to address the impact of vision problems on classroom performance, we would like your observations of this child's behavior in school.

It has been shown that the teacher is frequently the best observer for identifying vision problems that tend to interfere with schoolwork. The following checklist identifies many of the observable clues and symptoms that are often observed in a child with a vision problem. Please read through this list and check items that you have noted to occur *frequently* in this child's case.

Appearance of Eyes

- Reddened eyes or lids
- Excessive tearing or rubbing of eyes
- Blinks excessively

Refractive Error or Eye Focusing (Accommodation) Problem

- Blinks excessively during near tasks
- Frowns, scowls, or squints to see blackboard
- Avoids close work
- Fatigues easily during visual tasks
- Rubs eyes during or after visual activity
- Complains of blur while reading or writing
- Comprehension is poor when reading or performing near tasks

Eye Tracking (Ocular Motility) Problem

- Skips or rereads words or letters
- Rereads lines or phrases
- Mistakes words with similar beginnings or endings
- Uses finger or marker when reading
- Loses place often when reading
- Repeatedly omits "small" words
- Moves head excessively as reads across page

Eye Teaming (Binocularity) Problem

- Complains of seeing double

Eye Teaming (Cont.)

- Covers or closes one eye
- One eye turns (in, out, up, or down)
- Tilts or turns head to one side
- Squints, closes or covers one eye
- Complains of letters or lines "floating," "running together," or "jumping around"
- Reports confusion of what is seen

Visual Information-Processing Problem

- Confuses similar words
- Fails to recognize same word in next sentence or page
- Confuses minor likenesses and differences
- Makes errors in copying from chalkboard or reference book
- Difficulty following instructions
- Difficulty completing assignments in time allotted
- Poor printing or handwriting
- Short attention span, distractible
- Says words aloud or moves lips as reads
- Reverses letters, numbers or words
- Poor ability to remember what is read
- Poor eye-hand coordination
- Repeatedly confuses right-left directions
- Poor recall of visual tasks

Please comment of the following:

Does this child have any academic problems? Yes____No____

If so please explain (e.g. subject material, behavior, etc.)_____

Is (s)he in the top third, middle third, or lower of his/her class? _____

How does academic achievement compare with potential? _____

Is this child reading below, above, or on grade level? _____

Please check any areas of difficulty:

- | | | |
|--|---|---|
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Word Recognition | <input type="checkbox"/> Penmanship |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Silent Reading |
| <input type="checkbox"/> Ability to stay on task | <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Comprehension | <input type="checkbox"/> Written Work |
| | <input type="checkbox"/> Spelling | |

Do you feel there are any factors that may be interfering with academic achievement? Please explain. _____

Any other observations and/or comments that you feel may be helpful to us would be appreciated. _____

May we contact you if further information is required? If so, please provide a telephone number at which you can be reached and the best time to call.

Teacher _____ Phone & Extension _____

Best time to call _____ Email address _____

School Name _____

School Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

I hereby give my consent to release the above information

PARENT OR GUARDIAN SIGNATURE

DATE