

Vision Checklist for School Aged Children

If your child has 20/20 vision and passes the school vision screening, he or she may still have a VISION-related learning problem. Frequently, a classroom teacher is a good observer for identifying vision problems that tend to interfere with school work. The following checklist identifies many of the signs and symptoms that are often observed in a child with a vision related learning problem. Please indicate if this child is or has been experiencing the following symptoms:

Child's Name: _____ Grade: _____ Teacher: _____

P = Parent
T = Teacher

Visual Comfort & Efficiency

- | P | T | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Headaches when reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes hurt, burn, tear or itch |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye(s) turned in or out at any time |
| <input type="checkbox"/> | <input type="checkbox"/> | Blinks excessively during near tasks |
| <input type="checkbox"/> | <input type="checkbox"/> | Print blurs when reading or copying from the board |
| <input type="checkbox"/> | <input type="checkbox"/> | Rubs eyes frequently when doing up close tasks |
| <input type="checkbox"/> | <input type="checkbox"/> | Gets very tired after short periods of reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading comprehension decreases with time |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids near work (reading, writing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Child hates to read |
| <input type="checkbox"/> | <input type="checkbox"/> | Holds book too close to face when reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Sits in awkward positions when reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Complains of seeing double |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty copying from the board |
| <input type="checkbox"/> | <input type="checkbox"/> | Squints or covers one eye when reading |
| <input type="checkbox"/> | <input type="checkbox"/> | Frowns or squints to see the board |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses finger or marker to keep place |
| <input type="checkbox"/> | <input type="checkbox"/> | Often loses place, skips or rereads words |
| <input type="checkbox"/> | <input type="checkbox"/> | Reads too slowly |
| <input type="checkbox"/> | <input type="checkbox"/> | Sees print "running together" or "moving around" |
| <input type="checkbox"/> | <input type="checkbox"/> | Moves head excessively as reads across the page |
| <input type="checkbox"/> | <input type="checkbox"/> | Complains that eyes feel like they are "pulling" |
| <input type="checkbox"/> | <input type="checkbox"/> | Seeing/visual work worse at the end of the day |

Visual Processing

- | P | T | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty with word recognition |
| <input type="checkbox"/> | <input type="checkbox"/> | Reverses letters and numbers when reading/writing |
| <input type="checkbox"/> | <input type="checkbox"/> | Child doesn't know his right from left side |
| <input type="checkbox"/> | <input type="checkbox"/> | Transposes letters and/or numbers (12 for 21) |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to complete work in allotted time |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor printing or handwriting |
| <input type="checkbox"/> | <input type="checkbox"/> | Mistakes words with similar beginnings and endings |
| <input type="checkbox"/> | <input type="checkbox"/> | Confuses words |
| <input type="checkbox"/> | <input type="checkbox"/> | Repeatedly omits small words; a, an, the, of |
| <input type="checkbox"/> | <input type="checkbox"/> | Fails to recognize the same word in later sentences |
| <input type="checkbox"/> | <input type="checkbox"/> | Says words aloud or moves lips while reading |

Performance & Behavior

- | P | T | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of coordination when playing sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is clumsy and trips/falls a lot |
| <input type="checkbox"/> | <input type="checkbox"/> | Child is in special education classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Child has repeated a year of school |
| <input type="checkbox"/> | <input type="checkbox"/> | School performance not up to potential |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading below grade level |
| <input type="checkbox"/> | <input type="checkbox"/> | Has low self esteem, poor self image |
| <input type="checkbox"/> | <input type="checkbox"/> | Gives up easily or doesn't attempt the task |
| <input type="checkbox"/> | <input type="checkbox"/> | Cries frequently or has temper tantrums |
| <input type="checkbox"/> | <input type="checkbox"/> | Short attention span, easily distracted |
| <input type="checkbox"/> | <input type="checkbox"/> | Child gets easily frustrated |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor organizational skills |

1-5 checks: Visual problem suspect- Submit checklist to child's teacher for other behaviors seen in class.
6+ checks: Visual problem highly likely- Binocular vision and visual perception evaluation recommended.