BRENT W. NEUFELD, O.D.

Suite 130 – 4000 Glenmore Court SE, Calgary, AB 403-242-1800

Clinical Director

Visual Problem Symptoms Checklist

Place an X in the column that best describes your child. How often does your child experience the following symptoms?

| How often does this happen? | NEVER | SELDOM | OCCASIONAL | FREQUENT | ALWAYS |
|---|-------|--------|------------|----------|--------|
| Headaches with reading or writing | | | | | |
| 2. Words run together or blur when reading | | | | | |
| 3. Eyes burn, itch, or water | | | | | |
| 4. Loses place while reading | | | | | |
| 5. Head tilt or closes one eye when reading | | | | | |
| 6. Hard to copy from the board | | | | | |
| 7. Doesn't like reading or writing | | | | | |
| 8. Leaves out small words when reading | | | | | |
| 9. Hard to write in a straight line | | | | | |
| 10. Misaligns digits/columns of numbers | | | | | |
| 11. Poor reading comprehension | | | | | |
| 12. Holds book very close | | | | | |
| 13. Hard to pay attention when reading | | | | | |
| 14. Hard to complete assignments on time | | | | | |
| 15. Gives up easily | | | | | |
| 16. Clumsy, bumps into things | | | | | |
| 17. Homework takes too long | | | | | |
| 18. Daydreams | | | | | |
| 19. Forgetful/poor memory | | | | | |
| Total number of marks in each column | | | | | |
| Multiply total marks in each column by | x 0 | x 1 | x 2 | x 3 | x 4 |
| Score for each column | | | | | |

If your child's score is more than 20, he or she has greater than an 80% chance of having a vision problem that is interfering with learning. The higher the score, the greater the possibility. If a problem is suspected, a Visual Information Processing evaluation should be performed to evaluate specific areas necessary for efficient academic performance. Contact Calgary Vision Therapy @ 403-242-1800 to schedule these appointments.