

Prep/Primary Teacher Pre-Examination Questionnaire

	grant permission for the release of confidential information			
regarding	to Roberts Alexander Optometrists Caboolture.			
Signed	Date			
and general developm	to do a visual assessment on this child. As visual development ent are inter-related, it would be helpful to our assessment if owing questionnaire on your observations.			
Student	Date			
Kindy/Pre-School/Scho	ool			
Address				
	Teacher			
Teacher's Email Conta	act			
THIS INFORMATION Does this child take pa	IS CONFIDENTIAL art in organised activities?			
Does this child interact well with others in the group?				
Is this child capable of working to a rhythm? eg. clapping, walking, stamping				
Does this child have a	good pencil grip?			
Does this child work cl	ose to the task?			

Please grade the child's skill level in the following tasks:

	Competent Mind	or difficulty	Poorly Developed	
colouring activities cutting painting block play puzzle play outside play climbing				
Please mark which if	any of the following that y	ou have observ	ved.	
GENERAL BEHAVIOUR		APPEARANCE OF EYES		
 () Complains of headaches () Dislikes tasks requiring sustained visual concentration () Irritability or restlessness after close work () Frequent sties () Blinks excessively 		() Watering (() Bloodshot () Red rimme lids () Daydream	 () Crossed eyes - turning in or out () Watering eyes () Bloodshot eyes () Red rimmed, crusted or swollen lids () Daydreaming or inattentiveness () Frowns, scowl or squints 	
() Covers or closes() Unusual awkward() Frequent tripping() Improper or awkwor reading	ness or stumbling ard posture while colouring	() Avoids clo () Complains () Tilts head g () Rubs eyes	s of double vision to one side	
Do you have any cor	mments on this childs abilit	ies.		
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Signed				

We appreciate your time given to complete these forms.