



TEACHER PRE-EXAMINATION QUESTIONNAIRE

I _____ (parent) grant permission for the release of confidential information regarding _____ (child) to Roberts & Alexander Optometrists Caboolture.

Visual Case History

Part A

Student: _____ Grade: _____ Date: _____

School: _____ Phone: _____

Address: _____

Principal: _____ Teacher: _____

Teacher's Email Contact: _____

THIS INFORMATION IS CONFIDENTIAL

In your opinion is this child performing at his/her potential?

Does this child perform better with written tasks or verbal tasks?

What are this child's strengths academically?

Does this child have any relative weakness academically?

What is this child's approximate reading age?

Please add any personal impressions you have about this child that may be helpful to our assessment.

Please turn over and complete PART B.

PART B

Teachers usually have had the opportunity to observe the child in different situations and note any difficulty. The following is a checklist of symptoms which have been found to be frequently associated with a vision problem. Please read through this list and check those items you have noticed in this child's case.

Reading

- Fatigue with reading
- Comprehension poorer with time
- Confusion of similar words or letters
- Fails to recognise same word in next sentence
- Rubs eyes during and after reading
- Skips words or sentences
- Rereads lines or phrases
- Reads too slowly for age
- Poor ability to remember what is read
- Complains of letters or lines "running together", "jumping around", or "swimming"
- Complains of blur while reading
- Repeatedly omits small words
- Holds reading close
- Reverses words
- Moves head while reading

General Behaviour

- Complains of headaches
- Dislikes tasks requiring sustained visual concentration
- Irritability or restlessness after close work
- Daydreaming or inattentiveness
- Blinks excessively
- Frowns, scowls or squints
- Covers or closes one eye
- Avoids close work
- Complains of double vision
- Tilts head to one side
- Rubs eyes frequently

Writing or other desk tasks

- Holds head too close to desk when writing
- Difficulty copying from whiteboard
- Difficulty copying from book
- Slowness in copying from whiteboard
- Slowness in copying from book
- Writes crookedly and/or poorly spaced
- Reverses letters and/or numbers
- Poor eye/hand co-ordination
- Writes up or down hill on paper
- Misaligns horizontal and vertical series of numbers

Appearance of eyes

- Turned eyes - turning in? turning out?
(please circle)
- Watery eyes
- Bloodshot eyes
- Red rimmed, crusted or swollen lids
- Frequent sties

Body posture and space awareness

- Unusual awkwardness
- Frequent tripping or stumbling
- Confuses right or left directions
- Improper or awkward posture while writing
- Improper or awkward posture while reading

Signed _____

**We appreciate your time given to
complete these forms.**