

# PROGRESS REPORT FOR PARENT OR TEACHER

For Parent \_\_\_\_\_ Teacher \_\_\_\_\_

ACHIEVEMENT REPORT FOR \_\_\_\_\_ DATE \_\_\_\_\_

In order to evaluate the progress and benefits obtained by participation in the program, it is necessary to have periodic evaluations of the patient's achievement. Your cooperation in completing this form is appreciated.

IMPROVEMENT IN SCHOOL WORK (reading, spelling, handwriting, attention, effort, conduct, hyperactivity, etc.)

IMPROVEMENT IN HOME BEHAVIOR AND COOPERATION (study habits, use of time, following instructions, hyperactivity, communication with family)

PEER GROUP AND SOCIAL RELATIONSHIPS (playing with other children, reduction in withdrawal tendencies, more active participation in games, etc.)

SPORTS AND RECREATION (greater and more effective participation in sports and games, spontaneous reading, interest in hobbies, etc.)

OVERALL IMPRESSIONS (any changes in performance, behavior, posture not noted above)

Signed \_\_\_\_\_

Please fill in and return to:

\_\_\_\_\_ (Optometrist's name and address)

One of these is given to the parent, another for the classroom teacher to be completed and returned to the optometrist.