Teacher Questionnaire

To the teacher of _____ Grade _____ School _____

The child named above is receiving vision care at our center. In order to address the impact of vision problems on classroom performance, we would like your observations of this child's behavior in school. It has been shown that the teacher is frequently the best observer for identifying vision problems that tend to interfere with school work. The following checklist identifies many of the observable clues and symptoms that are observed in a child with a vision problem. Please read through this list and check items that you have noted to occur in this child's case, along with the frequency.

Symptom	Never	Infrequently	Sometimes	Fairly Often	Always
1. Does the child report that his/her eyes feel tired when reading or doing close work?					
2. Does the child report that his/her eyes feel uncomfortable when reading or doing close work?					
3. Does the child report headaches when reading or doing close work?					
4. Does the child report that he/she feels sleepy when reading or doing close work?					
5. Does the child report that he/she loses concentration when reading or doing close work?					
6. Does the child have trouble remembering what he/she has read?					
7. Does the child report double vision when reading or doing close work?					

Handout developed by The Studt Center for Vision Therapy, Southern California College of Optometry, Fullerton CA. Can be modified by the user.

From Scheiman M, Rouse M. Optometric management of learning-related vision problems, 2nd ed. St. Louis: Mosby, 2006.

Symptom	Never	Infre-quently	Some-times	Fairly Often	Always
8. Does the child report that he/she sees the words move, jump, swim, or appear to float on the page when reading or doing close work?					
9. Does the child read slowly?					
10. Does the child report that his/her eyes ever hurt when reading or doing close work?					
11. Does the child report that his/her eyes ever feel sore when reading or doing close work?					
12. Does the child report a "pulling" feeling around his/her eyes when reading or doing close work?					
13. Does the child report that words blur or come in and out of focus when reading or doing close work?					
14. Does the child lose his/her place while reading or doing close work?					
15. Does the child have to reread the same line of words when reading?					
16. Does the child make reversal errors when reading (was for saw, on for no) or writing (b for d)?					
17. Does the child transpose letters or numbers (21 for 12)?					
18. Does the child have difficulty copying written material?					
19. Does the child have poor printing or handwriting?					
20. Does the child avoid reading?					
21. Does the child have difficulty finishing school assignments in a timely manner?					

Symptom	Never	Infre-quently	Some-times	Fairly Often	Always
22. Does the child misalign digits or columns when doing math assignments?					
23. Does the child seem to be clumsy or knock things over?					
24. Does the child overlook small details (reads beak for break) or misread math symbols (– for +)?					
25. Does the child have a short attention span or is he/she easily distractible when reading or studying?					

Please comment on the following:

1. Does this child have any academic problems? ___Yes ___No
If so, please explain (e.g., subject material, behavior, etc.) _____
_____
_____
_____

2. Is (s)he in the top third, middle third, or lower third of his/her class? _____

3. How does academic achievement compare with potential? _____
_____
_____

4. At what grade level does this child read? _____

5. Please check any areas of difficulty:

__ Vocabulary	__ Word Recognition	__ Oral Reading
__ Reading Rate	__ Interpretation	__ Silent Reading
__ Attention	__ Comprehension	__ Memory
__ Math Skills	__ Spelling	__ Written Work

6. Do you feel that there are any factors that may be interfering with academic achievement?_____
_____
_____

7. Any other observations and/or comments which you feel may be beneficial to us would be appreciated. _____

_____

_____

_____

May we contact you if further information is required? If so, please provide a telephone number at which you can be reached.

Teacher _____ Phone _____

School Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

I hereby give my consent to release the above information

Parent or Guardian Signature _____ Date _____