

Children's Vision Assessment Parents Checklist

Also available as a fillable PDF Form. Please contact our practice.

Child's Name

Date

Signs of Possible Eye Focus Problems

| | Rarely | Often | Usually |
|--|--------------------------|--------------------------|--------------------------|
| Child complains of blurred vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty shifting focus repeatedly from far to near and reverse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of eye strain, or discomfort, especially with near tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of headaches, especially with near tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inattentive to visual detail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor reading comprehension which worsens with time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holds book close when reading or writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive blinking during visual tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows focus difficulty by squinting or peering etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avoids concentrated visual demands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signs of Possible Eye Tracking Problems

| | Rarely | Often | Usually |
|---|--------------------------|--------------------------|--------------------------|
| Loses place often when reading or copying from blackboard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skips or reads words, letters or lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must use finger or guide to keep place on page | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moves head excessively when reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor reading comprehension Short attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signs of Possible Eye Teaming Problems

| | Rarely | Often | Usually |
|---|--------------------------|--------------------------|--------------------------|
| Covers or closes eyes when reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual head turn or body posture when reading/writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of words moving/dancing or jumbling on page Reading comprehension reduces over time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clumsy and poor ball skills Rubs eyes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of headaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of eye strain Inattentive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signs of Possible Visual-Spatial Dysfunction

| | Rarely | Often | Usually |
|--|--------------------------|--------------------------|--------------------------|
| Reverses letters or numbers when writing or copying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty distinguishing left and right internally or externally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes right to left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of coordination and balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty with rhythmic activity like dance or clapping in time Clumsy, bumps and falls into things often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor athletic performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Favours one side of the body, the other side is neglected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Signs of Possible Visual Analysis Dysfunction | Rarely | Often | Usually |
|--|--------------------------|--------------------------|--------------------------|
| Has trouble learning the alphabet and recognising words | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has trouble writing and recognising letters and numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has difficulty with basic maths concepts like size and position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mistakes words with similar beginnings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confuses likeness and minor differences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty recognising the same word repeated on a page | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty recognising letters or simple forms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty distinguishing the main idea from insignificant detail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Over-generalises when classifying objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signs of Possible Visual-Motor Integration Dysfunction | Rarely | Often | Usually |
| Difficulty copying from the board Sloppy drawing or writing skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor spacing and inability to stay on the lines Erases excessively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds orally but written communication is poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has difficulty producing written work on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seems to know the material but test results are poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty writing numbers in columns for maths problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signs of Possible Visual-Auditory Integration Dysfunction | Rarely | Often | Usually |
| Poor spelling ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Slow to match letters and numbers to their names | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty relating symbols to sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Slow learning to match colours to their names | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty matching shapes to their names | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty learning to read phonetically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Children showing any of the above problems need prompt attention and assessment of their vision, visual integrity and vision processing. An experienced behavioural optometrist can assess all of these areas. Delays can affect academic performance and reinforce compensatory behaviour.

Using the Checklist

The list is a useful reference and communication tool for teachers who think a student might have vision related problems. A copy of the completed form should be kept on the child's record for future reference. If any of the above problems are noted, the child should be assessed by an experienced behavioural optometrist. Please call us at any time if you have questions or would like additional information.

| | | | |
|-------------|----------------------|-------|----------------------|
| Child Name | <input type="text"/> | Phone | <input type="text"/> |
| Parent Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Email | <input type="text"/> | | |

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