

Developmental Optometry | Vision Therapy | Vision Rehabilitation | Myopia Control | Orthokeratology

TEACHER OBSERVATION QUESTIONNAIRE

I hereby give my consent to release the following information:

Parent or Guardian Print Name

Parent or Guardian Signature

Date

To the teacher of _____ Grade _____ School _____

The child named above will be receiving vision care at our clinic. 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 schoolwork. The following checklist identifies many of the observable clues and symptoms that are often observed in a child with a vision problem. Please read through this list and check items that you have noted to occur frequently in this child's case.

Appearance of Eyes

- Reddened eyes or lids
- Excessive tearing of eyes, or rubs eyes
- Blinks excessively

Refractive Error or Eye Focusing (Accommodation) Problem

- Blinks eyes excessively during near tasks
- Frowns, scowls, or squints to see blackboard
- Avoids close work
- Fatigues easily during visual tasks
- Rubs eyes during or after visual activity
- Complains of blur while reading or writing
- Comprehension is poor when reading or performing near tasks

Eye Tracking (Ocular Motility) Problem

- Skips or rereads words or letters
- Rereads lines or phrases
- Mistakes words with similar beginnings or endings
- Uses finger or marker when reading
- Loses place often when reading
- Repeatedly omits "small" words
- Moves head excessively as reads across page

Eye Teaming (Binocularity) Problem

- Complains of seeing double
- Covers or closes one eye
- One eye turns (in, out, up, or down) at any time
- Tilts or turns head to one side
- Squints, closes, or covers one eye
- Complains of letters or lines "floating," "running together," or "jumping around"
- Reports confusion of what is seen

Visual Information-Processing Problem

- Confuses similar words
- Fails to recognize same word in next sentence or page
- Confuses minor likenesses and differences
- Makes errors in copying from chalkboard or reference book
- Difficulty following verbal instructions
- Difficulty completing assignments in time allotted
- Poor printing or handwriting
- Short attention span, distractible
- Says words aloud or moves lips as reads
- Reverses letters, numbers, or words
- Poor ability to remember what is read
- Poor eye-hand coordination
- Repeatedly confuses right-left directions
- Poor recall of visually-presented tasks
- School performance not up to potential

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 the student in the top third, middle third, or lower third of the 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

Math Skills

Reading Rate

Interpretation

Silent Reading

Spelling

Attention

Comprehension

Memory

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.

Thank you for assisting us in providing optimal care for this child. We appreciate you taking the time to provide us with a record of your observations. Please return this form in a sealed envelope.

Teacher's Name _____

Teacher's Signature _____

Date _____