

From Mark Eagle
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School Teacher's checklist of Observed Symptoms & Signs

(Based on Published Research Questionnaires)

Student _____

Male / Female

Teacher _____

School Year _____

Date _____

Dear Teacher,

Please check all boxes that describe this student.

- ☐ 1. Frequently skips or repeats line when reading
- ☐ 2. Tilts head or closes one eye when reading
- ☐ 3. Has difficulty copying from the board
- ☐ 4. Avoids reading and near work
- ☐ 5. Omits small words when reading
- ☐ 6. Writes uphill or downhill and/or with poor spacing
- ☐ 7. Misaligns digits in columns of numbers
- ☐ 8. Holds reading material too close
- ☐ 9. Has a short attention span
- ☐ 10. Has difficulty completing assignments in time allotted
- ☐ 11. Has an abnormal pencil grip

No boxes Ticked ; No action Necessary

Less than 3 boxes ticked : Repeat survey in 12 months

3 or more boxes ticked ; Refer for testing of Visual Function

Dear Parent, your child's teacher has made these observations on your behalf, please follow through with a comprehensive investigation of your child's vision by a Behavioural Optometrist.

Vision is about a lot more than just reading the small letters at the bottom of the chart,

Yours sincerely,

Mark Eagle