



Bayside Eyecare

150 Martin St Brighton 3186
Telephone 9596 1238

Questionnaire for Teachers

I(parent signature) grant permission for the release of confidential information regarding(child) to Bayside Eyecare.

Student: Grade: Date:
School: Address:
..... Phone:
Principal: Teacher:

THIS INFORMATION IS CONFIDENTIAL

The following is a checklist of symptoms that have been found to be frequently associated with a vision problem. Please read through this list and check those items you have noticed in this case. Obviously some of these behaviours are normal for children at different stages of development, so the question is asked for this child in relation to his/her grade level peers. Teachers usually have had the opportunity to observe the child in different situations and note any difficulties.

What are your main reasons for referral?
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Signs of Tracking Problems

Loses place often	<input type="checkbox"/>	Uses finger to keep place	<input type="checkbox"/>
Skips words and lines often	<input type="checkbox"/>	Short attention span when reading	<input type="checkbox"/>

Signs of Visual Processing Disorder

Slow to learn letter/sound correspondence	<input type="checkbox"/>	Untidy writing	<input type="checkbox"/>
Slow copying from board to book, takes many looks	<input type="checkbox"/>	Reverses letters and numbers	<input type="checkbox"/>
Doesn't recognise the same word repeated on a page	<input type="checkbox"/>	Mistakes words with similar beginnings	<input type="checkbox"/>
Poor recall of visually presented material	<input type="checkbox"/>	Poor reading comprehension	<input type="checkbox"/>
Trouble with spelling and sight word vocabulary	<input type="checkbox"/>	Can respond orally, but not in writing	<input type="checkbox"/>
Slow copying and completing worksheets	<input type="checkbox"/>	Erases excessively	<input type="checkbox"/>
Seems to know material, but does poorly on written tests	<input type="checkbox"/>	Trouble learning basic math concepts of size and magnitude	<input type="checkbox"/>

