

I, (parent signature) _____
 grant permission for the release of confidential
 information regarding (child) _____

 to Bayside Eyecare.

What are your main reasons for referral? _____

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.

SIGNS OF TRACKING PROBLEMS

- Loses place often _____
- Uses finger to keep place _____
- Skips words and lines often _____
- Short attention span when reading _____

SIGNS OF VISUAL PROCESSING DISORDER

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

