

# Teacher's Questionnaire

l, (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	0
Uses finger to keep place	0
Skips words and lines often	0
Short attention span when reading	0

## SIGNS OF VISUAL PROCESSING DISORDER

Slow to learn letter/sound correspondence	0
Untidy writing	0
Slow copying from board to book, takes many looks	0
Reverses letters and numbers	0
Doesn't recognise the same word repeated on a page	0
Mistakes words with similar beginnings	0
Poor recall of visually presented material	0
Poor reading comprehension	0
Trouble with spelling and sight word vocabulary	0
Can respond orally, but not in writing	0
Slow copying and completing worksheets	0
Erases excessively	0
Seems to know material, but does poorly on written tests	0
Trouble learning basic math concepts of size and magnitude	0



## SIGNS OF EYE TEAMING PROBLEMS

Covers or closes one eye when reading	0
Complains of eyestrain	0
Complains of words moving on the page	0
Inattentive/ day dreams	0
Complains of headaches	0
Poor reading comprehension	0
Complains of double vision	0
Loses place when reading	0

## SIGNS OF FOCUSING PROBLEMS

Complains of blurred vision when reading	0
Avoids small print	0
Complains of blurred vision looking from desk to board	0
Slow inaccurate copying from board	0
Complains of headaches	0
Rubs eyes when concentrating	0
Poor reading comprehension	0
Short attention span when reading	0
Becomes fatigued when reading	0
Holds books very close	0

## **TEACHER'S COMMENTS**

Describe how this child is coping in the classroom. Are there any notable strength's and weaknesses or facets of performance that you would expect to be better considering the student's general ability? Please let us know any other comments you feel would be helpful.

PRIVACY STATEMENT: Our practice respects your privacy & will comply with the Privacy Act & Australian Privacy Principles when handling any personal information. The information provided on this form helps us to make an informed decision on how to best meet the eyecare & eyewear needs of your students. Please contact us if you would like to know more about how we handle personal information or to see or obtain a copy of our full privacy policy.