

CHILD EXAMINATION QUESTIONNAIRE FOR PARENTS

Today's Date _____

Child's full name _____ Nickname, or likes to be called _____

Date of Birth _____ Age: _____ years and _____ months Brothers/Sisters Age

Name of School _____ Grade _____

School Address _____ Teacher _____

_____ School Nurse _____

Brief Summary of your main concerns _____

SCHOOL HISTORY

1. Age of entrance into kindergarten _____ first grade _____

2. Does your child like School _____

3. Easiest subject(s) _____

4. Hardest Subject(s) _____

5. Are there any school difficulties? If so, please describe them and when they began:

6. Has there been any remedial work? If yes, please give specifics:

7. Has a grade ever been repeated? _____ If so, which? _____

8. Has there ever been any psychological, educational, audiological or other testing performed? _____

If yes, please give specifics: _____

(please turn the page over and complete the other side)

GENERAL BEHAVIOR

Please place a check mark next to any of the following behaviors you believe your child exhibits.

High activity level	
Poor attention span	
Impulsivity	
Frustrates easily	
Doesn't listen when spoken to	
Poor memory	
More active than other children his (her) age	

GENERAL HEALTH

1. Any significant illnesses? _____

If yes please specify _____

2. Is (s)he taking any medication? _____

If yes please specify _____

Previous Vision History

1. When was the last eye examination _____

By whom _____

2. Have glasses ever been prescribed? _____

If yes give specifics _____

3. Does anyone in the family have any vision problems? _____

If yes specify _____

Please place a check mark next to any problem that seems to occur often for this child.

Signs of Eye Teaming Problems

Covers or closes one eye when reading	
Rubs eyes	
Child complains of eyestrain	
Child complains of headaches	
Child complains of double vision	
Child complains of words moving on the page	
Inattentive	
Poor reading comprehension	
Loses place	

Signs of Focusing Problems

Child complains of blurred vision	
Child complains of blurred vision when looking from desk to board	
Child complains of eyestrain	
Child complains of headaches	
Rubs eyes	
Inattentive	
Poor reading comprehension	
Is tired at the end of the day	
Holds things very close	

Signs of Tracking Problems

Loses place often	
Must use finger or guide to keep place	
Skips lines and words often	
Poor reading comprehension	
Short attention span	

Signs of Visual Processing Disorders

Trouble learning left from right	
Reverses letters and numbers	
Mistakes words with similar beginnings	
Can't recognize the same word repeated on a page	
Trouble learning basic math concepts of size, magnitude	
Poor reading comprehension	
Poor recall of visually presented material	
Trouble with spelling and sight vocabulary	
Sloppy writing skills	
Trouble copying from board to book	
Erases excessively	
Can't respond orally but not in writing	
Seems to know material but does poorly on written tests	