



FAMILY VISION CARE OPTOMETRY

TEACHER QUESTIONNAIRE

To the teacher of _____ Grade _____ School _____

The child named above is receiving vision care at our clinic. In order to address the impact of vision problems on classroom performance, we would like your observations of this child's behavior in school. It has been shown that the teacher is frequently the best observer for identifying vision problems that tend to interfere with school work. The following checklist identifies many of the observable clues and symptoms that are often observed in a child with a vision problem. Please read through this list and check items that you have noted to occur frequently in the child's case.

Appearance of Eyes

- Reddened eyes or lids
- Excessive tearing of eyes, or rubs eyes frequently
- Blinks excessively

Refractive Error or

Eye (Accommodation) Focusing Problems

- Blinks eyes excessively during near tasks
- Frowns, scowls, or squints to see whiteboard
- Avoids close work
- Fatigues easily during visual tasks
- Rubs eyes during or after visual activity
- Complains of blue while reading or writing
- Comprehension is poor when reading or performing near tasks
- Headaches in forehead or temples
- Unusual fatigue or restlessness after doing near tasks

Eye Tracking (Ocular Motility) Problems

- Skips or rereads words or letters
- Rereads lines or phrases
- Mistakes words with similar beginnings or endings
- Uses finger or marker when reading
- Loses place often when reading
- Repeatedly omits "small" words
- Moves head excessively as reads across page

Eye Teaming (Binocularity) Problems

- Complains of seeing double
- Covers or closes one eye
- One eye turns (in, out, up, or down) at anytime
- Excessive tearing of the eyes
- Tilts or turns head to one side excessively
- Complains of letters or lines "floating", "running together", or "jumping around"
- Reports confusion of what is seen

Visual Information-Processing Problems

- Confuses similar words
- Fails to recognize same word in next sentence
- Confuses minor likenesses and differences
- Makes errors in copying from whiteboard to reference book to notebook
- Difficulty copying from whiteboard
- Difficulty following verbal instructions
- Difficulty completing assignment in time allotted
- Poor printing or handwriting
- Short attention span; distractible
- Says words aloud or moves lips as reads
- Reverses letters, numbers, or words
- Poor eye-hand coordination
- Poor ability to remember what is read
- Repeatedly confuses right-left directions
- School performance not up to potential
- Poor recall of visually-presented tasks



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Please comment on the following:

1. Does this child have any academic problems? Yes ___ No ___
If so, please explain (e.g. subject material, behavior, etc.) _____

2. Is this child in the top third, middle third or lower third of his/her class? _____

3. How does academic achievement compare with this child's potential? _____

4. At what grade level does this child read? _____

5. Please check any areas of difficulty:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Word Recognition | <input type="checkbox"/> Oral Reading |
| <input type="checkbox"/> Reading Rate | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Silent Reading |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Comprehension | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Spelling | <input type="checkbox"/> Written Work |

6. Do you feel that there are any factors that may be interfering with academic achievement?

7. Any other observations and/or comments which you feel may be beneficial to us would be appreciated.

May we contact you if further information is required? If so, please provide a telephone number at which you can be reached.

Teacher _____ Phone _____

School Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

I hereby give my consent to release the above information:

Parent or Guardian Signature Date

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