EYESINDESIGN | OPTOMETRY
smart vision

Child Appointment Information

Name: **Age:** **Year:**

Parent / Gaurdian Names:

Email: **Medicare:** **Ref:** **Exp:**

Health Fund Details:

How did you hear about us?:

Brief summary of your main concerns:

Is your child any of the following?

- ☐ Bright, but not reaching his or her potential
- ☐ Good in one subject, but not another
- ☐ Reading below grade level (even with 20/20 eyesight)
- ☐ Acting out or withdrawing because of low grades and test scores
- ☐ Labelled with ADD / ADHD
- ☐ Learning primarily touching something or listening to it

Has your child ever complained of the following symptoms?

If so, please decide how often your child has displayed the behaviours on this list
Give a score of 1 if you never observe the behaviour. Give a score of 6 if it happens all the time.
Click on the appropriate number

	never.....always
☐ Frontal Headaches	1 2 3 4 5 6
☐ Blurry vision at distance	1 2 3 4 5 6
☐ Blurry vision at near	1 2 3 4 5 6
☐ Double vision	1 2 3 4 5 6
☐ Eyes hurt or are tired	1 2 3 4 5 6
☐ Difficulty copying from the board	1 2 3 4 5 6

Do you ever notice your child doing the following?

☐ Covering or closing one eye	1 2 3 4 5 6
☐ Excessive eye rubbing or blinking	1 2 3 4 5 6
☐ Holding reading material too close	1 2 3 4 5 6
☐ Short attention span while reading	1 2 3 4 5 6
☐ Avoiding reading	1 2 3 4 5 6
☐ Reversals (eg: confusing b and d)	1 2 3 4 5 6
☐ Misreading / Guessing words	1 2 3 4 5 6
☐ Using finger or ruler as a pointer	1 2 3 4 5 6
☐ Poor general co-ordination	1 2 3 4 5 6
☐ eye turning in / out and right / left	1 2 3 4 5 6

Please rate your child's performance in the following areas:

	excellent.....poor
☐ Reading ability	1 2 3 4 5 6
☐ Spelling ability	1 2 3 4 5 6
☐ Writing ability	1 2 3 4 5 6

Teachers Questionaire Yr 1 -6

To the teacher of: _____ **School:** _____ **Grade** _____

This child's visual status is currently being evaluated. It would be extremely helpful if you could complete this report. Your answers will help us to understand how this child performs in school.

Release of information authorisation

I, _____ (parent/guardian) authorise the release of information to Visual Eyes Optics.

Full name of parent/guardian _____ Date: _____

Please answer the following questions:

1. Is reading below grade level? Yes ☐ No ☐

If below grade level, at what level does he/she read compared to the norm? _____

Please select any problems that occur often for this child

Signs of Visual Processing Delay:

- ☐ Trouble learning left to right
- ☐ Persistent reversal of letters and numbers
- ☐ Mistakes words with similar beginnings
- ☐ Has trouble recognising the same word repeated on page
- ☐ Has trouble learning basic maths concepts
- ☐ Poor recall of visually presented material
- ☐ Has trouble spelling
- ☐ Sloppy writing skills
- ☐ Has trouble copying from board to book
- ☐ Erases excessively
- ☐ Can respond orally but not in writing
- ☐ Seems to know material but does poorly on written tests

Signs of General Developmental Delay (i.e. Balance, Body Awareness etc)

- ☐ Trouble learning left to right
- ☐ Persistent reversal of letters and numbers
- ☐ Easily distracted and unable to sit still
- ☐ Often clumsy and unaware of changes in the environment
- ☐ Poor posture whilst standing or sitting down at a desk
- ☐ Sloppy writing skills

Signs of Auditory Information Processing Delay

- ☐ Difficulties recognising or isolating the individual sounds in words
- ☐ Trouble with spelling
- ☐ Difficulties recalling information from a story read aloud
- ☐ Difficulties rhyming words
- ☐ Confusion with number sequences
- ☐ Difficulties with following verbal directions
- ☐ Difficulties with learning names of people, places and things
- ☐ Limited word-attack skills or reliance on sight vocabulary for reading
- ☐ Has trouble writing down what is heard
- ☐ May say or write a word out of sequence (eg: Ephalant instead of Elephant)

2. Is the child's reading comprehension good when reading first begins, but reduces rapidly as reading continues?

Yes ☐ No ☐

Please select any problems that occur often for this child

Signs of Tracking Problems:

- ☐ Loses place frequently when reading
- ☐ Must use finger or guide to keep place
- ☐ Often skips words or lines when reading
- ☐ Slow at copying work from the blackboard
- ☐ Makes excessive head movements when reading

Signs of Focusing Problems:

- ☐ Child complains of blurred vision or frowns when looking from desk to board
- ☐ Child complains of eye strain/headaches especially at the end of the day
- ☐ Rubs or blinks eyes excessively
- ☐ Is restless, inattentive, irritable and tense after maintaining visual concentration
- ☐ Holds things very close when reading
- ☐ Excessive watering of eyes or light sensitivity

Signs of Eye Teaming Problems:

- ☐ Covers, closes or favours one eye when reading
- ☐ Tilts head excessively to one side, up or down
- ☐ Child complains of eye strain/headaches/double vision/words moving on the page
- ☐ Is restless, inattentive, irritable and tense after maintaining visual concentration
- ☐ Poor reading comprehension as reading continues
- ☐ Loses place frequently when reading, skips lines

Other Comments:

Please provide your contact details in case we need to contact you for further information.

Teacher: Contact number:

Best time to call:

Signature: Date:

Submit Form

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