

## STUDENT SYMPTOM CHECKLIST

Have you observed any of the following symptoms with your student(s) and/or have they reported any of them to you? Please mark the symptoms that occur frequently with two checks and those that occur occasionally with one check.

1. \_\_\_ Skips lines while reading or copying
2. \_\_\_ Loses place while reading or copying
3. \_\_\_ Skips words while reading or copying
4. \_\_\_ Substitutes words while reading or copying
5. \_\_\_ Rereads words or lines
6. \_\_\_ Reverses letters, numbers or words
7. \_\_\_ Uses a finger or marker to keep place while reading/writing
8. \_\_\_ Reads very slowly
9. \_\_\_ Poor reading comprehension
10. \_\_\_ Difficulty remembering what has been read
11. \_\_\_ Holds head too close when reading/writing (within 7-8 in.)
12. \_\_\_ Squints, closes, or covers one eye while reading
13. \_\_\_ Unusual posture/head tilt when reading/writing
14. \_\_\_ Headaches following intense reading/computer work
15. \_\_\_ Eyes hurt or feel tired after completing a visual task
16. \_\_\_ Feels unusually tired after completing a visual task
17. \_\_\_ Double vision
18. \_\_\_ Vision blurs at distance when looks up from near work
19. \_\_\_ Letters or lines "run together" or words "jump" when reading
20. \_\_\_ Print seems to move or go in and out of focus when reading
21. \_\_\_ Poor spelling skills
22. \_\_\_ Writing is crooked or poorly spaced
23. \_\_\_ Misaligns letters or numbers
24. \_\_\_ Makes errors copying
25. \_\_\_ Difficulty tracking moving objects
26. \_\_\_ Unusual clumsiness, poor coordination
27. \_\_\_ Difficulty with sports involving good eye-hand coordination
28. \_\_\_ Eye turns in or out
29. \_\_\_ Sees more clearly with one eye than the other
30. \_\_\_ Feels sleepy while reading
31. \_\_\_ Visual perceptual or visual processing problems
  - \_\_\_ Difficulty with visual memory or visual sequencing
  - \_\_\_ Difficulty with visual-spatial concepts
  - \_\_\_ Directional confusion
  - \_\_\_ Impaired performance with copying
  - \_\_\_ Deficits in visual processing speed
32. \_\_\_ Visual motor integration disorders
33. \_\_\_ Non-Verbal Learning disorders
34. \_\_\_ Performance scores not comparable to verbal scores
35. \_\_\_ Dislikes tasks requiring sustained concentration
36. \_\_\_ Avoids near tasks such as reading
37. \_\_\_ Confuses right and left directions
38. \_\_\_ Becomes restless when working at his/her desk
39. \_\_\_ Tends to lose awareness of surroundings when concentrating
40. \_\_\_ Must "feel" things to see them
41. \_\_\_ Carsickness
42. \_\_\_ Eyes bothered by light
43. \_\_\_ Unusual blinking
44. \_\_\_ Unusual eye rubbing
45. \_\_\_ Dry eyes
46. \_\_\_ Watery eyes
47. \_\_\_ Red eyes

### Scoring

Score 3 points each for items #1-34

Score 2 points each for items #35-41

Score 1 point each for items #42-47

#### *Note:*

*Score Double points for every item with two checks.*

### Criteria

Student(s) scoring 15+ points:

15-20= Possible functional vision problems.

20-30= Probable functional vision problems.

Over 30= Definite functional vision problems.

#### **15+ points:**

Consult with a developmental optometrist at Vision & Conceptual Development Center

**Please feel free to contact any of our doctors or staff for further information or to schedule an in-service:**

**Amanda Zeller Manley, O.D., F.C.O.V.D, Director  
Mehrnaz Green, O.D., F.C.O.V.D.**

**Vision & Conceptual Development Center**

6900 Wisconsin Avenue, Suite 600

Chevy Chase, MD 20815

**(301) 951-0320**

**[www.visiontherapydc.com](http://www.visiontherapydc.com)**