



# Teacher's Observations

Date \_\_\_\_\_ Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Class \_\_\_\_\_

School \_\_\_\_\_

I request and grant permission for the release of this information to David J Neilson, Optometrist

Signed (parent/guardian) \_\_\_\_\_

THIS INFORMATION IS CONFIDENTIAL

The following is a checklist of symptoms, which have been found to be frequently associated with visual problems. We realize that not all these observations will apply to any one student. Teacher's observations of a student's behaviour are often the first indication that the child may be having visual problems.

## Does the Student complain of any of the following?

- Headaches – when \_\_\_\_\_
- Red, sore or watery eyes \_\_\_\_\_
- Seeing double, or the letters running/moving \_\_\_\_\_
- Blurry books and/or blackboard \_\_\_\_\_
- Appear to be squinting to see \_\_\_\_\_
- Gets very close to work \_\_\_\_\_
- Difficulty maintaining attention to close work (avoids reading) \_\_\_\_\_
- Loses place frequently when reading or misses and skips words \_\_\_\_\_
- Continues to use finger to keep place (after 7 years) \_\_\_\_\_
- Slow or poor copy from the board \_\_\_\_\_
- Still reverses letters or numbers (after 7 years) \_\_\_\_\_
- Appears clumsy or uncoordinated \_\_\_\_\_

## Academic Performance

Does the child's performance decline with time spent at the task?

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Is the Student in the lower third of the class?

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What subjects/abilities concern you most?

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Please give any impressions, special help found effective or any other observations that you think are applicable for this student:

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Signed: \_\_\_\_\_

**David J Neilson**  
**Optometrist**  
**Neilson Eyecare**  
**4638 2377**