



Teacher's Observations

Date _____ Teacher Name _____

Student Name _____

Parent Name _____

Class _____

School _____

The following is a checklist of symptoms, which have been found to be frequently associated with visual problems. We realise 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. If your student/child suffers from any of the below symptoms, we recommend they have an eye test.

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) _____
- Difficulty copying 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?

Do you feel the child is performing to their potential?

What subjects/abilities concern you most?

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

Signed: _____

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