



TOD R. DAVIS, O.D., PLC

Developmental Optometry &

Vision Therapy Services

14540 John Marshall Highway

Gainesville, VA 20155

Phone: 703/753-9777 Fax: 703/753-9077

Name of Child: _____ Date: _____ Grade: _____

Teacher Name: _____ School: _____ Email/Phone: _____

Vision History/Teacher Assessment

If checked yes, rate frequency as 1 (occasional), 2 (frequent), or 3 (constantly) (Fill out all that is applicable in a school setting)

PHYSICAL COMPLAINTS

- 1 2 3 Headaches, especially after near work
- 1 2 3 Carsickness
- 1 2 3 Stomach aches
- 1 2 3 Exhausted at end of school day
- 1 2 3 Blur, even if vision tests "normal".
- 1 2 3 Frequently rubs itchy or watery eyes.
- 1 2 3 Head tilt and/or closes an eye at desk.

Score: _____

READING

- 1 2 3 Words run together or become double.
- 1 2 3 Skips, repeats lines when reading.
- 1 2 3 Uses finger to maintain place.
- 1 2 3 Omits small words when reading.
- 1 2 3 Reads well for short time, then slows.
- 1 2 3 Can't recognize same word in next line.
- 1 2 3 Dislikes small print books.
- 1 2 3 Head gets close to reading material
- 1 2 3 Trouble keeping attention on reading.

Score: _____

WRITING/DRAWING

- 1 2 3 Difficulty copying from chalkboard.
- 1 2 3 Writes up/ down hill.
- 1 2 3 Misaligns digits/columns of numbers.
- 1 2 3 Struggles to get thoughts on paper.
- 1 2 3 Copies words backwards.
- 1 2 3 Copying takes forever.
- 1 2 3 Reverses numbers, letters, or words.
- 1 2 3 Does the student use fingers to count?

Score: _____

COORDINATION AND SPORTS

- 1 2 3 Clumsy, poor balance, stumbles.
- 1 2 3 Difficulties learning bike riding.
- 1 2 3 Can't keep eye on ball, or hit a ball.
- 1 2 3 Often knocks things over, esp. at table.
- 1 2 3 Reads a lot, avoids exercise.

Score: _____

ATTENTION

- 1 2 3 Attention better when listens to story instead of reading on own.
- 1 2 3 Attention better when hands used.
- 1 2 3 Needs to put hands on everything.
- 1 2 3 Constantly fidgets in a chair.
- 1 2 3 Poor eye contact; seems as though child is not listening.
- 1 2 3 Can't locate belongings/ things.

Score: _____

Overall score: _____

Please comment on the most important concern that you have regarding this child's vision and/or learning issues (feel free to use the back of the page if necessary): _____

For more information contact:

Tod R. Davis, OD, PLC

Developmental Optometry and

Vision Therapy Services

www.davisvisiontherapy.com 703/753-9777

Or learn more from organizations: OEP.org, COVD.