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Basic Vision Observation Sheet (applicable to six years old +) for your information and evaluation

Name D.O.B.....

This list of visual problems observed at school, work and home will help you and us make a judgement as to how they perform visually in their daily activities. Some observations are more important than others and marked out of 3.

Please circle one of the following for each symptom.

N (Never) O (Occasionally) S (Sometimes) F (Frequently) A (Always)

Scoring

1 If "Frequent" or "Always" arrange for a sight test plus extended Vision Therapy investigation.

2 Arrange for a sight test.

3 Observe carefully to see whether other activities are affected.

Scoring						
1	Skips or rereads lines when reading?	N	O	S	F	A
3	Tilts head to one side when reading?	N	O	S	F	A
1	Closes or covers one eye when reading?	N	O	S	F	A
1	Trouble copying from the chalkboard or book?	N	O	S	F	A
1	Avoids reading or close work?	N	O	S	F	A
1	Omits small words when reading?	N	O	S	F	A
2	Writes up or down hill?	N	O	S	F	A
1	Fatigue with reading or comprehension drops with time?	N	O	S	F	A
2	Holds head too close to reading material?	N	O	S	F	A
1	Poor eye-hand co-ordination, including poor writing?	N	O	S	F	A
2	Unusual awkwardness, frequent tripping or stumbling?	N	O	S	F	A
2	Poor estimation of distances?	N	O	S	F	A
2	Misaligns digits?	N	O	S	F	A
	Short attention span?	N	O	S	F	A
	Says "I can't" before trying?	N	O	S	F	A
	Loses or misplaces papers or objects?	N	O	S	F	A
	Forgetful or poor memory?	N	O	S	F	A
	Difficulty completing assignments?	N	O	S	F	A
	Avoids sports?	N	O	S	F	A
	Poor time management?	N	O	S	F	A
	Difficulty with money management and calculating change?	N	O	S	F	A
1	Car sickness or motion sickness?	N	O	S	F	A
1	Dizziness or nausea with near tasks?	N	O	S	F	A
2	Vision worse at end of day?	N	O	S	F	A
	Falls asleep reading?	N	O	S	F	A
1	Blurred vision at near?	N	O	S	F	A
2	Headaches?	N	O	S	F	A
1	Double vision?	N	O	S	F	A
1	Words run together when reading?	N	O	S	F	A
2	Eyes burn, sting or water?	N	O	S	F	A