Teachers’ checklist for visual signs

Child’s name: ...........................................  Class teacher: ............................................

1) Please circle the special areas (if any) of difficulty this child has with reading:

<table>
<thead>
<tr>
<th>Vocabulary</th>
<th>Word recognition</th>
<th>Oral reading</th>
<th>Silent reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>Interpretation</td>
<td>Attention</td>
<td>Comprehension</td>
</tr>
</tbody>
</table>

2) Four classifications of frequency of performance traits are given:
   A Meaning very often observed (many times/day)
   B Meaning regularly observed (daily)
   C Meaning sometimes observed
   D Meaning seldom observed

3) Please ring the letter you best consider indicates the child’s performance

Does the child show any of the following?

a) Skipping or rereading lines or words
   b) Reads too slowly
c) Uses finger or marker as pointer when reading
d) Lacks ability to remember what he has read
e) Shows fatigue or listlessness when reading
f) Complains of print ‘running together’ or ‘jumping’
g) Gets too close to reading and writing tasks
h) Loss of attention to task at hand
   i) Distracted by other activities
j) Assumes an improper or awkward sitting position
k) Writes crookedly, poor spaced letters, cannot stay on ruled lines, excessive pressure used
   l) Orientates drawings poorly on paper
m) Is seen to blink frequently
   n) Rubs eyes excessively

General observations

o) Clumsiness and difficulty manipulating own body and other objects in space available, including problems with ball control
   p) Awareness of things around him in the classroom to point where he turns to look at stimulus
   q) Is this child able to maintain his involvement with your instruction?
Scoring
Any scores of ‘A’, more than two scores of ‘B’, and more than three or four scores of ‘C’ suggests that prompt referral to an optometrist specialising in children’s eye care is indicated. A copy of this checklist would also be helpful to the optometrist.
