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A C A D E M Y

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TEACHER'S QUESTIONNAIRE

To the teacher of _____ Grade _____ School _____

This child's parent has requested that I send this report to you and has authorized you to release any information that might be helpful.

I am currently evaluating this child's vision status. It would be extremely helpful if you could complete this report. Your answers will help me understand how this child performs in school and improve my ability to make decisions regarding appropriate vision care.

Please respond to the items that are pertinent to this child and return the report as soon as possible. Your cooperation is greatly appreciated.

May I contact you if any further information is required? If yes, please provide a telephone number at which you can be reached.

Teacher _____ Phone _____

School Address: _____

City: _____ State: _____ Zip: _____

Day: _____ Best time of day and time to call _____

Signature: _____ Date ____/____/____



RELEASE OF INFORMATION AUTHORIZATION

I, _____, authorize the release of information to Dr. Don Blackburn.
parent or guardian

Signature of Parent _____

Date ____/____/____

Weighted Symptom Checklist

- After you consider each symptom, please circle the number that best describes the child's symptoms.
- If there has been a trauma, please note whether or not it was:
Present before the accident (P), Worsened since the accident (W) or new since the accident (N).

Patient Name _____ Date _____

Eye Teaming & Focusing Symptoms (Circle all that apply)	Never	Seldom	Occasional	Frequently	Always	P/W/N
Head tilt/ eye closure or cover/ face turn when reading or viewing objects	0	1	2	3	4	
Eyestrain, eye pain, trouble moving eyes, ocular fatigue, rubbing of eyes	0	1	2	3	4	
Eye drift: Left eye Right Eye Inward Outward	0	1	2	3	4	
Headaches while or after doing near vision work	0	1	2	3	4	
Double vision, doubled or overlapping words on page	0	1	2	3	4	
Words appear to run together when reading; words move on the page	0	1	2	3	4	
Trouble keeping attention centered on reading	0	1	2	3	4	
Falls asleep when reading	0	1	2	3	4	
Difficulty copying from the board or taking notes	0	1	2	3	4	
Clumsy, accident prone, knocks things over	0	1	2	3	4	
Avoidance of or discomfort with near vision work such as reading	0	1	2	3	4	
Dizziness or nausea when doing near work	0	1	2	3	4	
Car and motion sickness	0	1	2	3	4	
Does not judge distances accurately (difficulty with stairs/catching a ball)	0	1	2	3	4	
Holds books too close or leans too close to computer screen	0	1	2	3	4	
Poor, inconsistent performance in sports	0	1	2	3	4	
Poor hand/eye coordination	0	1	2	3	4	
Unable to maintain eye contact or steady fixation	0	1	2	3	4	
Blurred vision: Near Distance	0	1	2	3	4	
Blurred vision is worse at the end of the day	0	1	2	3	4	
Complains of blurred vision when looking/refocusing from near to far	0	1	2	3	4	
Light sensitivity	0	1	2	3	4	

TOTAL: _____/88

Tracking Symptoms

Reading comprehension is low or declines as day wears on	0	1	2	3	4	
Skips or repeats lines while reading	0	1	2	3	4	
Omits small words while reading	0	1	2	3	4	
Misaligns digits or columns of numbers	0	1	2	3	4	
Substitutes words while reading or copying	0	1	2	3	4	
Head/body movements while reading	0	1	2	3	4	
Fills in the wrong bubbles on computer graded tests	0	1	2	3	4	
Loses place when reading	0	1	2	3	4	

TOTAL: _____/36

Visual Processing Symptoms

Slow word to word reading	0	1	2	3	4	
Difficulty completing assignments on time	0	1	2	3	4	
Confuses similar words	0	1	2	3	4	
Can't recognize the same word repeated on a page	0	1	2	3	4	
Trouble with spelling and/or sight vocabulary	0	1	2	3	4	
Trouble learning left from right	0	1	2	3	4	
Reverses letters and numbers	0	1	2	3	4	
Poor spacing when writing; writes up or down hill	0	1	2	3	4	
Awkward posture or pencil grip when writing	0	1	2	3	4	
Seems to know material but does poorly on written tests	0	1	2	3	4	
Poor recall of visually presented material	0	1	2	3	4	

TOTAL: _____/44 (168)

PLEASE COMMENT ON THE FOLLOWING QUESTIONS

1. Does the child have any major academic problems? YES _____ NO _____

If YES, please briefly explain: _____

2. In your opinion how does performance compare to potential?

3. Is reading below grade level? YES _____ NO _____

If below grade level, at what level does (s)he read? _____

4. Please check off any areas of academic difficulty:

Reading	
sight vocabulary	
phonics	
comprehension	
reading rate	
attention	

Math	
Spelling	
Handwriting	
Oral Expression	

5. Any other observations or comments:

6. Are you using a multi-sensory language approach? If so, which one?
