Form used for obtaining feedback from a child's teacher. This can be completed and brought to the child's consultation.

EYECARE PLUS

VISUAL CASE HISTORY - TEACHER'S OBSERVATIONS

*Our Patient ID:*______________

Child's Name: Mast/Miss____________________________ Date: ______________

(First Name) *(Surname)*

School: ______________________ Grade: ______ Teacher: ______________

I request and grant permission for the release of this information to my child's optometrist at Eyecare Plus.

(Signed by parent/guardian) ______________________

THIS INFORMATION IS CONFIDENTIAL

INTRODUCTION:

Following is a checklist of symptoms which have been found to be often associated with a vision problem. We realise that all these items may not apply to this student, or that you may not have had the opportunity to observe some of the items.

OBSERVATIONS:

Does this student display any of the following?

1. Complains of headaches: Yes / No When ____________ How often ____________
2. Complains of sore, red, watery eyes: Yes / No When ____________ How often ____________
3. Complains of seeing double: ______________________
4. Complains of blurry books &/or blackboard: ______________________
5. Words or letters that run together: ______________________
6. Letters move on the page or board: ______________________
7. Likes to read, or avoids it: ______________________
8. Short attention span (for age) with reading or writing: ______________________
9. Loses place, skips words or lines: ______________________
10. Uses a finger or marker to keep place: ______________________
11. Holds work close to face when reading or writing: ______________________
12. Slow or poor copier from board to books: ______________________
13. Clumsy or poorly coordinated: ______________________
14. Confuses right and left hands, or reverses letters or numbers: ______________________
15. Is this student in the lower third of the class? ______________________
16. What are the best subjects? ______________________
17. What are the poorest subjects? ______________________
18. In your opinion, does this student have the ability to achieve above the present level? ______________________

Any other impressions, special help found effective, other pertinent observations or unusual characteristics of this student:

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Signed: ______________________

(Teacher)