SAMPLE FORM

**CLASSROOM TEACHER OBSERVATIONS-VISION**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_**

**Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Grade/Class Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Please check all that apply:

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| --- | --- |
|  | Complains of headaches or nausea/dizziness. |
|  | Complains of burning eyes, frequently rubs eyes, or other signs of eye fatigue during or after visual activities.  |
|  | Loses place often during reading. |
|  | Uses hand or finger to keep place on page while reading. |
|  | Turns head as reads across page.  |
|  | Frequently omits words when reading. |
|  | Holds materials too close or too far from eyes when reading or focusing on an object. |
|  | Rereads or skips lines unknowingly. |
|  | Blinks excessively while reading or focusing on an object.  |
|  | Squints, closes or covers one eye. |
|  | Difficulty recognizing objects or people from a distance. |
|  | Writes crookedly, poorly spaced; can’t stay on ruled lines. |
|  | Misaligns both horizontal and vertical series of numbers. |
|  | Difficulty seeing regular print. |
|  | Frequently stumbles or bump into objects. |
|  | Loss of interest in class. |
|  | Increasingly withdrawn behavior. |
|  | Worsening grades particularly where visual content/instruction involved. |
|  | Incorrectly identifies objects that are color coded. |
|  | Has trouble with map skills |
| **Teacher Comments:** |
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Sample resource created by NYSCSH located at [www.schoolhealthny.com](http://www.schoolhealthny.com) 1/2018