

Teachers Questionnaire We will shortly be carrying out a visual assessment on the above named child, whom you teach. It would be most helpful if you could complete this questionnaire, based on anything you have observed in class. It would also be most helpful if you could add any further information on the back of this sheet. All information will be treated in confidence. You may obtain more information about our work at www.babo.co.uk	
Child's Name:	Year Group:
School Teacher's Name:	·
PLEASE TICK ALL SYMPTOMS SEEN	
Appearance of Eyes One eye appears to turn in or out at times Reddened eyes or lids Eyes tear excessively	Visual Visual Form Perception ☐ Fails to recognise same word in next sentence. ☐ Reverses letters/words in writing and copying.
Complaints when using eyes at desk Headaches	Reverses letters/words in writing and copyling. Repeatedly confuses words with similar beginnings and endings.
 ☐ Burning or itchy eyes after reading or deskwork ☐ Print blurs after reading for a while ☐ Complains of seeing double ☐ Word's 'swim' or move on the page 	 ☐ Whispers to self for reinforcement while reading silently. ☐ Uses 'drawing with fingers' to discriminate similarities and differences.
Behavioural Signs of Visual Problems Eye Movements Moves head a lot when reading.	Spelling errors tend to be phonetic.Can learn spelling for test, but forgets soon afterwards.
Loses place frequently when reading. Needs to use finger or marker to keep place. Rereads or skips lines. Short attention span when reading.	Refractive Status (near and far sightedness) Quickly loses interest in reading Blinks excessively at desk tasks or reading Holds book too close, or gets close to deskwork
Omits words. Eye Teaming	☐ Makes errors copying from the board to paper or from page to page ☐ Screws eyes up to see board, or asks to move
Repeats letters within words. Omits letters, numbers or phrases. Misaligns digits in columns. Squints, closes or covers one eye.	closer. Rubs eyes after short periods of visual activity. Blinks to clear board after reading or writing
☐ Tilts head a lot when working at desk. ☐ Odd working posture at desk activities.	Auditory Difficulties Often asks you to repeat things Daydreams a lot in class Easily distracted by background noises
Eye / Hand Co-ordination Has to feel things 'to get an idea'. Writes crookedly, poor spaced; cannot stay on ruled lines.	☐ Can not work in silent conditions ☐ Unclear speech
 ☐ Misaligns both horizontal and vertical lines of numbers. ☐ Discomfort in hand when writing. ☐ Repeatedly confuses left – right directions. ☐ Has difficulties with ball activies. 	Thankyou for your time! PLEASE RETURN THIS FORM TO THE CHILD'S PARENTS OR DIRECTLY TO US AT: 48 Sandygate Road, Crosspool, Sheffield S10 5RY