

**VISION THERAPY PROGRESS EVALUATION
SYMPTOM CHECKLIST FOR SCHOOL-AGE**

Appointment Date: ____ / ____ / ____

Full Legal Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Since your last Progress Evaluation, how often does each symptom occur?

*Symptoms are organized into areas of vision they may affect the most, however, **many** symptoms can be related to several different visual problems.*

If you feel this symptom checklist is not appropriate for your child, please feel free to only fill out what is applicable or write us a brief summary of your child and their unique abilities or struggles.

Never (N)	Occasionally (O)	Frequently (F)	Always (A)
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Visual Comfort

Eyes hurt and/or feel tired				
Headaches during or after visual activity				
Falls asleep or feels fatigued while reading				
Rubs eyes during or after visual activity				
Vision worse at end of day				
Dizziness, nausea with near work				
Carsickness/motion sickness				
Bothered by light				

Refractive Status and Focus (Accommodation)

Blurred vision at distance and/or at near				
Visual focus goes in and out				
Frowns or squints to see				
Dislikes/avoids close work				
Head close to paper when reading or writing				
Comprehension poor or decreases over time				

Eye Tracking (Ocular Motility)

Loses place when reading and/or skips, rereads words, letters or lines				
Mistakes words with similar beginnings or endings				
Uses finger or marker when reading (for those older than 5 years)				
Moves head as reads				
Reads slowly				
Misaligns digits in columns of numbers				

Eye Teaming (Binocularity)

Sees double				
Squints, closes, or covers one eye				
One eye turns (in, out, up, or down) at any time				
Tilts or turns head to one side				

	N	O	F	A
Letters, words, or lines moving on page				
Poor depth perception and/or inability to estimate distances correctly				
Difficulty walking up or down steps				
Writes uphill or downhill				
Dislikes 3-D movies				

Visually Guided Activities

Poor large motor coordination (e.g., difficulty riding a bike, catching a ball, playing sports) and/or trips or stumbles				
Poor fine motor or eye/hand coordination (e.g., difficulty using scissors, tying shoes, drawing, or writing)				
Dislikes playing sports				
Awkward or immature pencil grip, prints poorly or slowly and/or frequent erases				

Central-Peripheral Integration

Orients drawings poorly on a page				
Tendency to knock things over on desk or table				
Avoids crowds				
Short attention span/easily distracted				

Visual Information Processing

Fails to recognize same word in next sentence or page				
Poor word attack skills				
Says words aloud or moves lips while reading “silently”				
Poor ability to remember or comprehend what is read				
Makes errors in copying				
Confuses minor likenesses and differences				
Remembers better what hears than sees and/or prefers being read to				
Difficulty following verbal instructions				
Difficulty completing assignments in time allotted				
Reverses letters, numbers, words, and/or confuses right-left directions				
Performance not up to potential				
Seems to know material, but does poorly on tests				
Difficulty with number concepts				
Difficulty with timed tests				
Difficulty with memory				
Difficulty with spelling				

Appearance of the Eyes

Reddened eyes or lids and/or frequent sties				
Excessive tearing of eyes				
Eye turns in, out, up and/or down				
Blinks excessively				