Parents Questionnaire

Name_____Nickname_____Birth Date_____

Parent's Name(s)_____

School_____Grade _____

Who first noticed possible visual difficulties? _____

When did they start? _____

Who referred you to Dr. Whitling / Dr. Diehl? _____

VISUAL HISTORY

1. Is this your child's first visual examination? Yes____ No____
   If not, when was the last examination?_____

2. Please describe any previous eye or visual problems and treatment your child has received (including glasses, vision therapy, patch, surgery, medication)._____
   _____
   _____

3. Please check any of the following that you have noticed or that your child complains about:

- ☐ Blurred distance vision
- ☐ Blurred vision during reading
- ☐ Words move or run together
- ☐ Fatigue during near visual tasks
- ☐ Double Vision
- ☐ Closes or covers one eye during reading
- ☐ Holds paper too close
- ☐ Loses place when reading
- ☐ Uses finger or underliner to read
- ☐ Skips or re-reads lines
- ☐ Avoids close work
- ☐ Tilts head
- ☐ Poor eye-hand coordination
- ☐ Eye turns in, out , up , down (circle one)
- ☐ Squints or blinks excessively
- ☐ Frequent headaches
- ☐ Eyestrain
- ☐ Red or teary eyes
- ☐ Frequent reversals
- ☐ Poor depth perception
- ☐ Difficulty with similarities & differences in letters, pictures or words

EDUCATIONAL HISTORY

1. Has your child repeated any grades? Yes___ No___ If yes, which one(s)?_____

2. Is your child receiving any tutoring, extra help or special classes in school? Yes___ No___
   If yes, please describe_____
   _____

3. Have any additional evaluations been done at school or by school recommendation? (*e.g.* psychological, learning, speech/language, occupational therapy, neurological, medical) Yes___ No___
   If yes, please list tests and briefly describe the results_____
   _____
   _____

4. Please check if your child has difficulties in any of the following areas:
   - ☐ Reading ☐ Handwriting ☐ Copying from the board ☐ Math
   - ☐ Spelling ☐ Attention span ☐ Behavior or motivation ☐ Memory

5. Does your child enjoy reading for pleasure? Yes___ No___