I authorize the release of this information to NYC Pupil.

_____ _____

Parent's Signature *Date*

TEACHER'S OBSERVATION

An observant teacher and school records constitute an excellent source of information concerning many facets of a child's **visual** development. Completion of the following report will be very helpful to me in my evaluation of this student's visual system.

Thank you,
Ilana Gelfond-Polnariev, OD, FCOVD

The parents of _____ have granted us permission to request the following information from you which may be associated with the vision and/or visual, perceptual, or attention difficulties. All information you provide will be held in confidence. Please circle the number following each item which most closely represents your observations. The form requires five to ten minutes to complete. Thank you for your assistance.

	not at all	somewhat	very well
How well do you know this person?	1	2	3

Do you feel that s/he is having academic problems in any of these areas?	none	some	many
Reading	1	2	3
Spelling	1	2	3
Mathematics	1	2	3
Handwriting	1	2	3
Language/Phonics	1	2	3

	not at all	occas..	very much so
Is the child's behavior a problem?	1	2	3
Could this child achieve more highly than at present?	1	2	3

Please rate each of the following behaviors in terms of frequency of occurrence.

	never	sometimes	always
Short attention span	1	2	3
Occasional lapses of attention	1	2	3
Squirming, fidgeting, hyperactivity	1	2	3
Reads slowly	1	2	3
Substitutes words when reading	1	2	3
Poor reading comprehension (silent reading)	1	2	3
Reads well orally, but without understanding	1	2	3
Inadequate sight vocabulary	1	2	3
Difficulty with transition	1	2	3
Vocalizes when reading silently	1	2	3
Confuses letters or words	1	2	3
Reverses letters or words	1	2	3
Skips or rereads words or sentences	1	2	3
Confuses right and left	1	2	3
Moves head excessively when doing near work	1	2	3
Covers or closes one eye	1	2	3
Tends to hold reading excessively close	1	2	3

	never	sometimes	always
Uses finger for marker when reading	1	2	3
Rubs or blinks eyes excessively	1	2	3
Tilts or twist head when doing desk work	1	2	3
Frowns or squints	1	2	3
Complains of blurred vision in the distance	1	2	3
Complains of blurred vision at near distance	1	2	3
Complains of eye discomfort	1	2	3
Complains of double vision	1	2	3
Redness of eyes or eyelids	1	2	3
Styes	1	2	3
Handwriting drifts uphill or downhill	1	2	3
Size of handwriting varies greatly	1	2	3
Tends to avoid near work	1	2	3
Slowness or many errors when copying from blackboard	1	2	3
Problems with eye-hand coordination	1	2	3
General body coordination problems	1	2	3
Tires easily	1	2	3
Aggressive	1	2	3
Withdrawn	1	2	3

Please describe other areas which concern you about this person's learning style or abilities:

Thank you for assisting us in providing optimal visual care for this child. We appreciate you taking the time to provide us with a record of your observations. Please return this form

Teacher's signature: _____ student's grade: _____

School: _____

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