

VISION THERAPY at EYEcenter OPTOMETRIC

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Teacher Observation Form

To the Teacher of _____ Date: _____

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

School work is: [] Above Average [] Average [] Below Average

Subjects difficult for the student: _____

Learns more effectively: [] Auditorily [] Visually Achieving to ability? _____

Does (s)he like to read? _____ Present reading level _____

Have you requested any special testing for this student? What type? _____

Please check any behaviors that you have observed in the classroom and explain as necessary:

- _____ complains of headache _____
- _____ complains of blurred vision _____
- _____ complains of double vision _____
- _____ complains of eye discomfort _____
- _____ confuses letters or words _____
- _____ reverses letters or words _____
- _____ skips letters or small words _____
- _____ vocalizes when reading silently _____
- _____ reads slowly _____
- _____ uses a finger to keep place _____
- _____ poor reading comprehension _____
- _____ covers or closes one eye _____
- _____ tilts head to one side _____
- _____ holds reading material close _____
- _____ rubs or blinks eyes excessively _____
- _____ writes or prints poorly _____
- _____ tires easily _____
- _____ inattentive/daydreams _____

Any additional observations: _____

Teacher Signature: _____