

SCHOOL RESOURCE REPORT

Student's Name: _____

School: _____ Class: _____

Address: _____

Referred by: _____ Phone: _____

Reason for Referral: _____ Date: _____

Please indicate your observations with a check mark

Appearance of eyes

Red	<input type="checkbox"/>
Tearing	<input type="checkbox"/>
Excessive blinking	<input type="checkbox"/>
Rubbing the eyes	<input type="checkbox"/>

Indications of problems with ocular motility (jerky movements, lack of flexibility)

Reading

Moves head	<input type="checkbox"/>
Follows with finger	<input type="checkbox"/>
Loses place	<input type="checkbox"/>
Rereads words or letters	<input type="checkbox"/>
Omits letters or words	<input type="checkbox"/>
Confuses similar words	<input type="checkbox"/>
Reads at a reduced speed	<input type="checkbox"/>

Writing

Difficulty writing in a straight line	<input type="checkbox"/>
Difficulty copying from the black board	<input type="checkbox"/>



Indications of accommodation problems, refraction errors (focalization)

Ocular fatigue	<input type="checkbox"/>
Blinking, rubbing the eyes	<input type="checkbox"/>
Headaches, eyestrain	<input type="checkbox"/>
Squinting	<input type="checkbox"/>
Blurred distance vision	<input type="checkbox"/>
Blurred near vision	<input type="checkbox"/>
Difficulty refocusing after changing focal point from distance to near and vice-versa	<input type="checkbox"/>
Avoids close work	<input type="checkbox"/>

Indications of problems with binocular vision (ocular coordination, eye turn)

Double vision	<input type="checkbox"/>
Closes or covers one eye	<input type="checkbox"/>
Turns head to one side	<input type="checkbox"/>
Letters jump, overlap	<input type="checkbox"/>
Eyes turn, pull	<input type="checkbox"/>
Skips words, letters, lines	<input type="checkbox"/>

Indications of problems with visual integration, visual perception

Difficulty recognizing symbols	<input type="checkbox"/>
Confusing similar words or letters	<input type="checkbox"/>
Difficulty recognizing the same word on the same page	<input type="checkbox"/>
Difficulty spelling and mental calculating	<input type="checkbox"/>
Difficulty visualizing	<input type="checkbox"/>
Difficulty recopying	<input type="checkbox"/>
Difficulty with mathematical or geometrical concepts	<input type="checkbox"/>
Confusing right and left	<input type="checkbox"/>
Inversion of letters, syllables or numbers	<input type="checkbox"/>

Indications of visual-motor problems (hand-eye coordination)

Difficulty with fine motor skills	<input type="checkbox"/>
Difficulty with calligraphy	<input type="checkbox"/>
Poor shape reproduction	<input type="checkbox"/>
Difficulty using vision to direct writing	<input type="checkbox"/>
Difficulty writing in a straight line	<input type="checkbox"/>
Difficulty recopying a text	<input type="checkbox"/>



Behavioral indications

Brings reading material closer	<input type="checkbox"/>
Resistance to near work	<input type="checkbox"/>
Inadequate pencil holding position	<input type="checkbox"/>
Reduced concentration and attention span	<input type="checkbox"/>
Results not representative of potential	<input type="checkbox"/>
Fatigue or agitation during close work	<input type="checkbox"/>
Academic problems	<input type="checkbox"/>

Comments:

