

## Vision Checklist for Preschool Children

During the infant and toddler years, your child has been developing many vision skills and has been learning how to see. In the preschool years this process continues as your child develops visually guided eye-hand-body coordination, fine motor skills and the visual motor skills necessary to learn to read. The following checklist identifies many of the signs and symptoms that are often observed in a child with a vision related learning problem. Please indicate if this child is or has been experiencing the following symptoms:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

P = Parent

T = Teacher

### Visual Comfort & Efficiency

- | P                        | T                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Headaches in forehead or temples                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes hurt, burn, tear or itch                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Blinks excessively during near tasks               |
| <input type="checkbox"/> | <input type="checkbox"/> | Bothered by light                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rubs eye frequently                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyelids droop                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye(s) turned in or out at any time                |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes in constant motion                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Covers or closes one eye                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Turns head to use one eye only                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Moves head back and forth (instead of moving eyes) |
| <input type="checkbox"/> | <input type="checkbox"/> | Moves objects very close to look at them           |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids near work                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to see distant objects                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Lacks interest in looking at objects               |
| <input type="checkbox"/> | <input type="checkbox"/> | Squints while looking at objects                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Complains of seeing double                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Complains of things looking blurry                 |

### Performance & Behavior

- | P                        | T                        |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Short attention span or easily distracted  |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous, irritable, or easily upset  |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhibits posture problems  |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with coordination, frequently bumps into things, is clumsy              |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to transfer objects from hand to hand or crossing the midline of the body |

### Visual Processing

- | P                        | T                        |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Constantly reverses letters and numbers when reading / writing  |
| <input type="checkbox"/> | <input type="checkbox"/> | Transposes letters and/or numbers (12 for 21)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty remembering, identifying and reproducing geometric shapes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to copy simple forms and some letters  |
| <input type="checkbox"/> | <input type="checkbox"/> | Struggles with handwriting  |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids tasks visual analysis like puzzles, mazes, and hidden pictures   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not color within lines   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is not visually alert and observant of surroundings   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not show visual interest in new objects and places   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to place small objects in small openings   |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids activities that require eye-hand coordination such as stringing beads tracing, writing, catch, or baseball |

1-5 checks: Visual problem suspect- Submit checklist to child's teacher for other behaviors seen in class.  
6+ checks: Visual problem highly likely- Binocular vision and visual perception evaluation recommended.