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Teacher Observation Form

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,

Howard Kushner, OD

FOR PARENTS:

I authorize the release of this information to Integrative Vision Therapy.

Parent Signature

Date

FOR TEACHERS:

The parents of _____ have granted us permission to request the following information from you which may be associated with 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.

Do you feel that s/he is having academic problems in any of these areas?

Please circle

Reading	Yes	No
Spelling	Yes	No
Mathematics	Yes	No
Handwriting	Yes	No
Language/Phonics	Yes	No

	<i>Not at all</i>	<i>Occasionally</i>	<i>Very much so</i>
Is this 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
Squirring, 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
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 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:

Teacher Name: _____

Date: _____

School: _____

Student's Grade: _____