

DEVELOPMENTAL & CLASSROOM HISTORY

One of our primary goals with patients 18 years old and younger is to be sure that poor vision does not become an impediment to learning. As many as 15% of children may have 20/20 vision, but still have eye focusing or tracking problems that can lead to learning difficulties. This questionnaire is designed to help us identify these children as soon as possible, and to provide additional testing or therapy as needed.

Please, read and complete the front side of this form for your pre-school age child or complete both sides of this form for your school age child (K-12). Thank you.

Patient Name (Please Print): _____

Guardian Name (Please Print): Mother Father Other _____

Date: ____/____/____ Signature: _____

DEVELOPMENTAL HISTORY

Did your child have any prenatal difficulties?

No. Yes. If "Yes", please describe. _____

Was your child born at normal term?

Full-term birth Pre-term birth

Was your child's birth weight normal?

Normal birth weight Low birth weight

Were there any complications at birth?

No. Yes. If "Yes", please describe. _____

Did your child receive oxygen at birth?

No. Yes. If "Yes", please describe. _____

When did your child begin to crawl?

6-10 months (Normal) Later.

When did your child begin to walk?

9-15 months (Normal) Later.

Has your child had any delay in speech development?

No. Yes. If "Yes", please describe. _____

Has your child had any delay in gross motor development?

No. Yes. If "Yes", please describe. _____

Has your child had any delay in fine motor development?

No. Yes. If "Yes", please describe. _____

Does your child's behavior seem normal for his/her age?

Yes. No. If "No", please describe. _____

Does the appearance of your child's eyes seem normal?

Yes. No. If "No", please describe. _____

Do you have any other developmental concerns or history to add regarding your child?

No. Yes. If "Yes", please describe.

CLASSROOM HISTORY (Grades K – 12)

What is your child's current grade level?

(If it is summer, what grade will he/she be entering)?

Has your child been held back or repeated a grade?

No. Yes. If "Yes", please describe.

Does your child have any reading difficulties?

No. Yes. If "Yes", please describe.

How would you describe your child's reading level?

Above Grade Level At Grade Level Below Grade Level

Has your child been assessed by a reading specialist at school?

No. Yes. If "Yes", please describe.

Does your child have any spelling difficulties?

No. Yes. If "Yes", please describe.

Does your child have any handwriting difficulties?

No. Yes. If "Yes", please describe.

Does your child have any math difficulties?

No. Yes. If "Yes", please describe.

Does your child have any other classroom or learning difficulties?

No. Yes. If "Yes", please describe.

Does your child seem to have any visual or eye-hand coordination difficulty during sports?

No. Yes. If "Yes", please describe.

