

 **Visual Difficulties Checklist**

 **(Acknowledgement to Moody, Singleton and Jameson)**

Name of child/student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire should be completed **prior** to booking the assessment to allow time for visual difficulties to be assessed/addressed. RETURN TO denise@coast-education.co.uk

**Visual symptoms questionnaire**

Please complete this questionnaire and if necessary, refer your child to an Optometrist **prior** to booking the assessment. An optometrist is a specialist who will assess binocular vision (accommodation and convergence), focusing skills, and visual discomfort and disturbance, **in addition** to the standard sight-test comprising refraction and ocular health assessment.

Enquire through your regular optician or look for a specialist assessment, such as Colourimetry or School Vision Eye Check – providers available nationally. Any reading-related vision difficulty is likely to be worsening the impact of reading difficulties. The Institute of Optometry can be contacted on 020-7234 9641 and can advise on local availability for Optometrists. The specialists Barnard Associates Optometrists are located at 156 Church Road, Hove, BN3 2DL and can be contacted on 01273 772318. Show them your completed tick list (below).

Visual difficulties should **ideally** be addressed prior to SpLD assessment.

* If **any** symptoms occur **often** or **always**, an optometrist referral is **always** recommended BEFORE ASSESSMENT. If you are given a prescription which will not be ready before your assessment, please let us know.

Where symptoms occur only **sometimes** or **rarely,** a referral could still be made but referral may not confirm any visual difficulty.

Responses mainly **rarely** or **never** do not warrant onward referral.

For this protocol:

* Always = every day
* Often =  several times a week but not necessarily every day
* Sometimes = 2-3 times a month
* Rarely = only once every few months / a year

Parental Advice: if this is for a younger child, please re-phrase questions and/or use your own observations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1 | Do you get headaches when you read? |  |  |  |  |  |
| 2 | Does reading make your eyes feel sore, gritty or watery? |  |  |  |  |  |
| 3 | Does reading make you feel tired or sleepy? |  |  |  |  |  |
| 4 | Do you become restless or fidgety or distracted when reading? |  |  |  |  |  |
| 5 | Do you become less comfortable the longer you read? |  |  |  |  |  |
| 6 | Do you prefer dim light to bright light for reading? |  |  |  |  |  |
| 7 | Does reading from white paper seem too bright or glaring? |  |  |  |  |  |
| 8 | Do parts of the white page between the words form patterns when you read? |  |  |  |  |  |
| 9 | Does the print or background shimmer or appear coloured as you read? |  |  |  |  |  |
| 10 | Does print appear to jitter or move on the page as you read? |  |  |  |  |  |
| 11 | Do you screw your eyes up when reading? |  |  |  |  |  |
| 12 | Do you rub your eyes to relieve the strain when you are reading? |  |  |  |  |  |
| 13 | Does text appear blurred, or go in and out of focus, when you read? |  |  |  |  |  |
| 14 | Do you move your eyes around or blink to keep text clear when you are reading? |  |  |  |  |  |
| 15 | Do objects in the distance appear more blurred after you have been reading? |  |  |  |  |  |
| 16 | Do you lose your place when reading? |  |  |  |  |  |
| 17 | Do you re-read or skip words or lines when reading? |  |  |  |  |  |
| 18 | Do you use a marker or your finger to stop you losing the place when you read? |  |  |  |  |  |
| 19 | Do you cover or close one eye when reading? |  |  |  |  |  |
| 20 | Do the words, page or book appear double when you are reading? |  |  |  |  |  |

Have you ever used coloured overlays/tinted glasses (Yes/No)?

If YES,

1. who advised and provided them?
2. why were they recommended?
3. did they help?

if YES, then in what way?

1. do you still use them?
2. How many hours reading per day does your child do, in a typical week?
3. How many hours does your child spend on a screen (phone, tablet or computer) per day, in a typical week?

**Any other comments/observations?**