



*If you have any concerns about your child's vision the following questionnaire will help determine whether your child will benefit from an appointment at our special assessment and vision therapy clinic.*

*Please read through and tick the relevant boxes according to the following observations:*

*A = very often*

*B = sometimes*

*C = rarely or never*

	<i>A</i>	<i>B</i>	<i>C</i>
<b><i>Your child reports that...</i></b>			
Print goes blurred/fuzzy			
Print appears to jump around or go double			
Print goes smaller/bigger/fades while reading			
Words appear hidden by the white of the page, or that faint colours appear around them			
<b><i>Your child...</i></b>			
Is sensitive to light			
Shows fatigue or complains of headaches after reading			
Blinks excessively			
Skips or re-reads words or lines			
Reads too slowly			
Forgets what has just been read			
Loses concentration / is easily distracted when reading			
Gets too close to the book			
Looks sideways at reading material or closes one eye			
Sits awkwardly while reading			
Rubs or screws up his/her eyes when reading			
Positions drawings poorly on paper			
Is clumsy			
Has difficulty with ball games			
Has difficulty with keeping place or changing focus while copying from the board			
Has to turn head to look at things			
<b><i>....and where the following persist beyond age 8 years:</i></b>			
Uses finger or marker as a pointer			
Writes crookedly, has poorly spaced letters, cannot stay on lines or uses excessive pressure			
Reverses letters or words			
Moves his/her head when reading			

**Scoring:** If you have any 'a' scores or more than three 'b' scores this indicates that a referral for your child could be beneficial. Please call us to discuss your child's needs.



*To book your examination please call us on 01604 714 413.*