

Vista Ridge Academy

Name: _____ Grade: _____ Date: _____

ABC Checklist Vision Observation and History Teacher/Parent/Guardian Observation

Please check appropriate items and return to the office.

Appearance – Do the eyes look normal?

- _____ Eyes turn in or out or eyes are crossed
- _____ Crusty or red eyelids
- _____ Different size pupils or eyes
- _____ Swelling of eyelids
- _____ Conjunctivitis (pink eye)
- _____ Drooping lids
- _____ Eyes appear hazy or clouded
- _____ Other: _____

Behavior

- _____ Tilts head, covers or closes one eye for critical seeing
- _____ Thrusts head forwards, squints or frowns
- _____ Difficulty in keeping place while reading; a “finger” reader
- _____ Disinterested in activities involving critical seeing
- _____ Excessive stumbling, awkwardness or daydreaming
- _____ Holds printed materials in an unusual position
- _____ Rubs eyes frequently
- _____ Attempts to brush away “blur”
- _____ Blinks excessively
- _____ Stops reading after brief periods
- _____ Reverses words or syllables
- _____ Avoids close work
- _____ Other: _____

Complaints – Child’s Statements

- _____ Eyes hurt or blur while reading
- _____ Headaches, dizziness, or nausea following close work
- _____ Words move or jump about when reading
- _____ Double vision
- _____ History of head injury with vision complaints
- _____ Unable to see the board
- _____ Eyes itching, burning or a “scratchy” feeling
- _____ Difficulty seeing near objects
- _____ Other: _____