

CASE HISTORY SUPPLEMENT FOR SCHOOL-AGE CHILDREN

Patient: _____ Date: _____

Completed By: _____ Relation to Patient: _____

School: _____

Please check any of the signs and symptoms that apply to this child:

- Short attention span, easily distracted, or extensive daydreaming
- School performance not up to potential.
- Reading below grade level.
- Had special education testing or receives special education services
- Poor reading comprehension
- Difficulty with word recognition
- Reversals (b for d, p for q, was - saw, on - no) when reading or writing
- Transposition of letters or numbers (21 for 12)
- Failure to complete work in allotted time
- Errors in copying from blackboard to paper
- Poor printing or handwriting
- Mistakes words with similar beginnings or endings
- Confuses similar words
- Fails to recognize same word in next sentence
- Uses finger or marker to keep place when reading
- Often loses place, skips or rereads words and/or letters when reading
- Complains of blurred vision during reading or writing, or when looking up from desk
- Complains of headaches associated with visual tasks
- Complains of print moving around or running together
- Complains of seeing double
- Closes or covers one eye
- Reports feeling that eyes do not seem to be working together
- Experiences unusual fatigue after visual concentration
- Reports eyes hurt, burn, or tire while reading
- Experiences rubbing, blinking, or tearing of eyes
- Squints or frowns when doing visual work closer than arm's length away
- Tilts or turns head excessively when doing visual tasks
- Avoids near work such as reading, writing or written math problems

Please comment on this child's performance in school. _____
