



**To assist the doctor in evaluating a child's visual skills please grade and check all boxes that apply. Once completed, save and email to [mawani@discovervisiontherapy.com](mailto:mawani@discovervisiontherapy.com).**

- 1 – Below Average
- 2 – Average
- 3 – Advanced

Reading	Spelling	Penmanship
Math	Writing	Physical Ed

**Please check any of the following that apply to the child:**

- Does not enjoy reading
- Is a slow reader
- Prefers being read to
- Gets headaches when reading or doing homework
- Loses place when reading
- When reading, sees the print running together
- Makes errors when copying words/letters
- Reverses words/letters
- Has poor reading comprehension
- Has been labeled as ADD/ADHD
- Has been labeled as Dyslexic
- Is in special Education
- Has a short attention span
- One eye turns in or out
- Rubs eyes when reading
- Becomes fatigued or daydreams often
- The teacher has concerns about school performance

**Does your child experience any of the following problems:**

Hearing	Auditory processing	Speech
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**Is your child undergoing any of the following therapies:**

Speech	Occupational	Psycho-educational
Physical	Other	

**Do you have anything else to share in private? Check here:**

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