Parent/Teacher Vision Checklist

This tool is to help identify children who may have a problem with their eyes. Please check the appropriate items and return to the school nurse.

Name: __________________________  Date: __________________

Appearance
___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
___Excessive tearing
___Eyes appear hazy or clouded
___Other: ________________________________________________

Behavior – Teacher Observation
___Tilts head, covers or closes one eye for critical seeing
___Thrusts head forwards, squints or frowns
___Holds printed materials in an unusual position
___Other: ________________________________________________

Complaints – Child’s Statements
___Eyes hurt or blur while reading/near work
___Headaches, dizziness, or nausea following close work
___Words move or jump about when reading/near work
___Double vision
___Unable to see the board
___Eyes itching, burning or a “scratchy” feeling
___Difficulty seeing near objects (may report a “blur”)
___Other: ________________________________________________

Please include any additional comments/concerns about academic progress.