Covina Hills Optometric Group

592 South Grand Ave • Covina, CA 91724 • (626) 331-6448

TEACHER HISTORY FORM

Today's Date: _______________

To the teacher of: _______________________________School _____________________ Grade:_____

The student named above is receiving vision care at our office. It has been shown that the teacher is a key observer to help identify vision problems that can interfere with school performance. Below are listed clues and symptoms that are often noticed in students with vision problems. Please review the list below and indicate how frequently these symptoms are seen in this student's case. Your observations and insights are greatly valued, and we thank you for your time.

SYMPTOM	NEVER	SOMETIMES	FREQUENTLY	ALWAYS
Headaches when reading or concentrating on visual tasks				
Vision that blurs in & out of focus when reading or doing close work				
Difficulty seeing at any distance				
Eyes that "hurt," "sting," or feel "tired" or "uncomfortable"				
Closing or covering one eye when reading or writing				
Seeing "double vision" when reading or concentrating				
Words move, jump, swim, or seem to "float" on the page when reading or doing close work				
A "pulling" feeling in or around the eyes when reading or doing visual tasks				
Excessive rubbing or watering of the eyes when reading or doing close work				
Excessive blinking or squinting when concentrating				
Eyes are frequently red or bloodshot				
Gets sleepy when reading or doing visual tasks				
Taking more breaks than necessary when doing visual tasks				
Lose his/her place when reading				
Need to use a finger or marker when reading				
Skip or re-read words or entire lines when reading				
Omits or adds small words when reading				
Have difficulty finishing assignments in a timely manner				
Avoids reading or other close work				
Reverse letters ("b" for "d") or numbers when reading or writing				
Transpose letters ("was" for "saw") or numbers ("21" for "12") when reading or writing				
Overlooks small details (reads "beak" for "break") or misreads math symbols ("-" for "+")				
Have poor printing or handwriting				
Misalign numbers or columns when doing math problems				
Have difficulty copying written material				

SYMPTOM	NEVER	SOMETIMES	FREQUENTLY	ALWAYS
Have trouble remembering what he/she has read				
Seem to be "clumsy" or often knock things over				
Difficulty concentrating when reading or doing work				
Writes uphill or downhill on paper				
Erases excessively				
Appears to know material and can respond orally, but does poorly on written tasks				
Fails to recognize same figure or word when repeated				

Please comment on the following:

• Does this student have any academic problems? ❐ NO ❐ YES➔if yes, please explain: ______________
____

• This student is in the ❐ TOP third ❐ MIDDLE third ❐ LOWER third of the class.

• How does achievement compare with potential? ❐ ABOVE ❐ AT ❐ BELOW potential

• At what grade level does this student read? ____

• Please check all areas of difficulty:

❐ Vocabulary ❐ Word Recognition ❐ Oral Reading
❐ Reading Rate ❐ Interpretation ❐ Silent Reading
❐ Attention ❐ Comprehension ❐ Memory
❐ Math Skills ❐ Spelling ❐ Written Work

• What do you feel are factors that may be interfering with academic achievement? _________________
____
____
____
____

• Any additional observations & comments:____
____
____
____
____

• May we contact you if further information is required? If so, please provide your contact information.

Teacher name:____ Contact hours: ____________________

Phone: _____________________________ E-mail address: _____________________________________

Teacher signature: ___________________________________ Date authorized: ___________________

Parent Authorization:

I authorize the release of information to the office of Drs. Duncan, Hom, Horibe, & Gutierrez

Parent/guardian signature: __________________________________ Date authorized: ______________