



APPEARANCE: REDNESS, SWELLING, CRUSTING, TEARING, EYE TURN IN OR OUT, EYELID DROOP



BEHAVIOR: EYE RUBBING, HOLDING MATERIALS CLOSE, SQUINTING, DIFFICULTY READING (OMITS WORDS, SKIPS LINES), CLOSING AN EYE

COMPLAINTS: HEADACHES, DOUBLE VISION, WORDS RUNNING TOGETHER, PAIN, EYES TIRED, LIGHT SENSITIVITY, BLURRED VISION, "I DON'T LIKE TO READ"

VISUAL SKILLS ASSESSMENT

Kindergarten - 2nd Grade (to be answered by a parent)

Instructions: Please answer the following questions with our child to the best of your ability.

Does your child complain of headaches at the end of the school day?	YES	NO
Have you noticed the eyes crossing, turning in, or moving independently of one another?	YES	NO
Do you notice your child squinting when looking at the TV or distant objects?	YES	NO
Is your child losing his/her place while reading, or using a finger as a marker to guide the eyes?	YES	NO
Does your child have trouble finishing written or timed assignments?	YES	NO

3rd-5th Grade (to be answered by a parent or student)

Does your child complain of headaches at the end of the school day?	YES	NO
Does your child have trouble with reading comprehension?	YES	NO
Do you notice your child squinting when looking at the TV or distant objects?	YES	NO
Does your child demonstrate frequent letter reversals?	YES	NO
Does your child have trouble finishing written or timed assignments?	YES	NO

If you answered YES to one or more questions, a comprehensive eye examination with an eye care professional is indicated. To locate an optometrist in your area, please visit www.mseyes.com