

# Mynd Works

## CONFIDENTIAL QUESTIONNAIRE

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Type of Class: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

**Home Address** (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

### Phone Numbers

Home (mom): \_\_\_\_\_

Home (dad): \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Name

### Age

### Occupation and Education

Mother: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

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Current physician and other healthcare providers:

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last medical check-up: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are there any medical precautions we should be aware of when working with your child?

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medications? Please list the name, dosage and the reason for taking it.

\_\_\_\_\_  
\_\_\_\_\_

Describe the presenting problem and when you first became concerned (all categories may not apply).

Academic:

\_\_\_\_\_  
\_\_\_\_\_

Activities of daily living (ex. eating, dressing, sleeping):

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Relationships:

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Sensory:

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Motor:

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Play:

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Other:

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Are there any specific events or traumas linked with the onset of your child's difficulties? Has the problem changed since it first started? In what way? What was the problem like at its worst? What strategies have you used to deal with this problem? Were they effective? What do you think will help your child?

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Has your child had any previous assessments or treatment (speech, OT, psychological, etc.)? What services does your child currently receive? Please describe and/or attach relevant reports.

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Has your child been diagnosed with:

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Anxiety Disorder or Mood Disorder (specify): \_\_\_\_\_
- Autism Spectrum Disorder or Aspergers Syndrome
- Downs Syndrome
- Sensory Processing Disorder or Sensory Integrative Dysfunction
- Fragile X
- Learning Disability (specify if possible – ex. dyslexia): \_\_\_\_\_
- Tourette's Syndrome
- Cognitive Delay
- Emotional Disorder (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Who gave this diagnosis and when? What was it based on (test scores, genetic study, comprehensive evaluation, etc.)?

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Is there a family history of psychiatric issues, learning disabilities, etc. (Bipolar Disorder, Schizophrenia, ADD, Dyslexia, etc.)?

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How would you describe your child's general adjustment at home (poor, fair, good, excellent)? How does your child get along with each member of the family (father, mother, siblings)? Have there been any traumatic family events in the course of your child's development? Have there been any major moves?

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Is your child different when you take him places (mall, church, restaurant, etc.)? How?

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What is your marital status? Is your marital situation stable and positive at this time? How long have you been married? What, if any, stresses are affecting your family at this time? Besides immediate family, do any other individuals or family members live in your home? Do you have family, friends or other resources you can depend on? What does your family enjoy doing together?

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Please describe your child's experience/learning at school from preschool to the present. How did your child adapt to the first day of school? What difficulties were encountered and when did they occur? How is he/she doing in various subjects? Has there been any remedial help given outside the school system? Does he/she receive any special services in school?

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### **Sensory and Motor Development History**

1. If your child was adopted, please explain the circumstances of the adoption then move on to question 5 (age when adopted, where child was from, prior foster homes, physical appearance, response to new home, awareness of adoption, etc.). If your child is not adopted, start with question 2.

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2. Please describe your pregnancy. What kind of experience was it for both mother and father? Include information such as any health concerns or stressful events, medications or drugs/alcohol used, the term of the pregnancy, and whether or not it was planned. What kind of prenatal care did you receive? Please identify what language was spoken during pregnancy if other than English.

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3. Please share your labor and delivery experience in terms of type of delivery, any medications used, any complications, etc. Were forceps or suction required? Was there a need for oxygen, transfusions, or tube feedings? What was the length of stay in the hospital? What was your child's birth weight and Apgar scores?

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4. Was there a positive bonding experience between mother and baby at birth? Were there any separations from mother during the first days of life? Did mother experience any post-partum depression? What was your reaction to your baby? What type of baby was he/she?

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5. Were there any extended separations (more than 3 days) during the first two years of life?

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6. Did your child have regular sleeping patterns as an infant? Were there any difficulties with getting to or staying asleep, or with waking up? What is his/her current sleep pattern? What time does he/she go to sleep and wake up?

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7. During the first two years of life, how did your child react to being held, moved, and changed? Did he/she prefer certain positions? Did he/she dislike lying on stomach or back? How did your child respond to car rides or infant swings? Was he/she able to self-soothe? Did he/she enjoy bouncing and cuddling?

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8. Was your child breast-fed or bottle-fed? Were there any difficulties with feeding? How was the transition to textured foods? Were there any problems with reflux, spitting up or regurgitation? Please describe your child's current diet and appetite. How often does he/she eat vegetables, fruit, dairy, grains, fiber, sugar, artificial sweeteners/colorings, and white flour? List any supplements or vitamins taken regularly. What are mealtimes like for your family?

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9. Is your child toilet trained (at what age)? Are there any issues with constipation or diarrhea? Does your child stay dry overnight?

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10. Please describe your child's health. Does your child have seizures or a heart condition? Does your child have asthma, allergies, gastro-intestinal problems, skin problems, nightmares or any other health concerns? Has your child ever been hospitalized or had a serious accident/injury?

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11. Please describe your child's behavior and abilities in regards to daily self-care routines, including dressing, bathing, brushing teeth, brushing hair, cutting fingernails, etc.

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12. Is there a history of ear infections (frequency, severity, treatment)? Does your child have tubes in his/her ears? Are there any concerns with vision or hearing?

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13. Did your child have any adverse reactions to vaccinations? If so, please tell which vaccination, child's age and reaction.

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14. Please share your child's achievement of early motor milestones; give approximate ages if remembered and note anything unusual. Were there any delays? How would you describe your child's motor skills in the present?

Sit \_\_\_\_\_ Crawl \_\_\_\_\_ Roll over \_\_\_\_\_  
Walk \_\_\_\_\_ Walk down stairs \_\_\_\_\_  
Say words \_\_\_\_\_ Say sentences \_\_\_\_\_  
Drink from a cup \_\_\_\_\_ Chew solid food \_\_\_\_\_

15. Please describe your child's language and communication skills. How does your child communicate? Is he/she verbal? Is he/she able to take turns and participate in conversations? Are others able to understand your child?

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16. Please describe your child's play skills. Does he engage you in games he makes up or want to play with you? What does your child play with? Does he play pretend games with dolls, cars, etc.?

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17. Please describe your child's social adjustment, both with peers and with adults. Is your child a leader/follower/loner? Does he relate better to those who are older or younger than him?

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18. How does he/she spend most of his/her time? What is a typical day like? What is your child's activity level? What interests and activities does he/she have (hobbies, sports, clubs)? How much time is spent on physical activity, television/computer/video games, socializing, reading, chores, etc.? How much unstructured time is in the daily schedule?

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19. Please describe your child's ability to keep track of and organize personal belongings (homework, bedroom, desk, etc.). Also, describe how your child completes homework and how long it takes.

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20. What are your child's strengths and weaknesses overall? What do you enjoy most about your child?

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21. What are you hoping to achieve through evaluation and any treatments? What goals do you have for your child's program? Please be as specific as possible.

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22. Are there any other issues or information you wish to share?

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The tables on the following pages include red flags of sensory processing disorders. Not all of the signs are seen in any one child, and some are present in children who do not have a sensory processing disorder. Please check off any items you feel describe your child.

## Over-responsivity

### *Tactile*

- Avoids being touched on the face or moves head away from things that are near the face
- Shows dislike of having face or hair washed (may wince, cry, push away, etc.)
- Reacts negatively to having teeth brushed or refuses to cooperate with dental care
- Distressed by having hair or fingernails/toenails cut
- Dislikes it when people touch him, even in a friendly or affectionate way, and may pull away or react negatively
- Rubs or scratches at a spot where he was touched (ex. Wipe off a kiss)
- Shows distress when people are near him (ex. Standing in line or in a crowd), becomes irritable in close quarters
- Reacts negatively to getting dressed or to certain types or aspects of clothing (ex. Seams, tags, elastic waistbands, sleeve length, etc.)
- Is bothered by fuzzy or furry textures
- Dresses inappropriately for the weather
- Dislikes getting hands in finger paint, glue or similar materials; avoids participating in tasks that are wet or dirty
- Avoids going barefoot, especially in sand or grass
- Overly particular about the texture or temperature of food or water

### *Smell and Taste*

- Sensitive to common odors or faint odors not noticed by others (ex. Foods, body odors, soap, perfume, etc.)
- Avoids kitchen during food preparation
- Gags or vomits in response to certain foods, smells, or textures
- Will not taste food before smelling it

### *Auditory*

- Reacts negatively to loud or unexpected noises, or fears certain sounds (ex. Sirens, vacuum, toilet flush)
- Bothered by background noises when trying to concentrate
- Distractible to sounds and background noises, hears things that others do not (ex. Conversation in another room, refrigerator running, air conditioner)
- Bothered by noise in restaurant, mall, large gym, etc.

### *Visual*

- Bothered by bright lights or sunshine, wants lights off
- Often covers his eyes or wants to wear sunglasses/hats
- Tends to avoid eye contact
- Startles easily, easily visually distracted
- Watches everyone as they move

### *Vestibular-Proprioceptive*

- Experiences motion sickness with riding in a car or spinning around
- Anxious when off the ground or struggles to keep his feet down
- Exaggerated fear of falling (even when no such danger exists) or heights
- Overly fearful of going on escalators or elevators
- Reacts to motion or change of head position with signs of distress or disorientation, holds head upright even when leaning or bending over
- Dislikes having his head upside down or tilted back (ex. somersaults, washing hair)
- Doesn't have much fun on playground equipment or with moving toys, or avoids these activities altogether
- Avoids jumping down from a higher surface to a lower one, or does so with increased effort and time
- Seems particularly slow at or fearful about new movements or movements on uneven surfaces, such as getting into a different car, walking up/down hill or stairs, or walking over bumpy ground
- Avoids climbing, even simple climbing when he can hold on with both hands
- Seems afraid of walking on a raised surface as though it seems high to him even when it is not
- Seems especially afraid of losing his balance and/or avoids activities that require balance
- Becomes frightened going around corners rapidly in a car or when there are curves in the road
- Seem alarmed if suddenly pushed backward while seated
- Avoid games that involve unpredictable movements of other children, especially ones that impact balance, such as tag, soccer and dodge ball

Under-responsivity	Sensory-seeking
<p><i>Tactile</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unable to use hands for a task without watching them</li> <li><input type="checkbox"/> Doesn't notice when someone touches him</li> <li><input type="checkbox"/> Doesn't cry when seriously hurt, isn't bothered by minor injuries</li> <li><input type="checkbox"/> Doesn't notice when hands or face are messy</li> <li><input type="checkbox"/> Seems unaware of body sensations such as hunger, hot or cold, the need to use the toilet</li> <li><input type="checkbox"/> Slow or unmotivated to learn to dress and/or feed himself</li> </ul> <p><i>Vestibular-Proprioceptive</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dislikes trying new physical activities and rarely initiates them</li> <li><input type="checkbox"/> Prefers sedentary activities (ex. Computer) to active physical games</li> </ul> <p><i>Smell and Taste</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doesn't notice unpleasant or noxious smells</li> </ul> <p><i>Auditory</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tends to repeat phrases from videos or tv ("scripting")</li> <li><input type="checkbox"/> Appears not to hear you or doesn't respond to his name even though you know his hearing is okay</li> </ul> <p><i>Visual</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seeks out toys with moving parts or flashing lights</li> <li><input type="checkbox"/> Doesn't notice people entering the room</li> </ul>	<p><i>Tactile</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Touches everything (people and objects), unable to keep hands to himself</li> <li><input type="checkbox"/> Excessively affectionate</li> </ul> <p><i>Vestibular-Proprioceptive</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mouths, chews or licks nonfood objects; may bite</li> <li><input type="checkbox"/> Seeks and/or tolerates activities such as swinging, running and spinning, doesn't get dizzy as readily as other children</li> <li><input type="checkbox"/> Impossible to take into settings where he can't move around (ex. Church)</li> <li><input type="checkbox"/> Craves high intensity input and resists moving on from an activity</li> <li><input type="checkbox"/> Likes crashing, bumping, jumping and roughhousing</li> <li><input type="checkbox"/> Becomes impulsive, disorganized or out-of-control with intense sensory input</li> <li><input type="checkbox"/> Takes excessive risks or seem unaware of potential danger or consequences of actions</li> <li><input type="checkbox"/> Has a high activity level or is constantly on the move</li> <li><input type="checkbox"/> Can't sit still in a chair</li> <li><input type="checkbox"/> Seeks opportunities to feel vibration (ex. Leaning against stereo or washing machine)</li> </ul> <p><i>Visual</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Frequently visually fixates on objects, such as reflections of the sun in the side-view mirrors of the car</li> <li><input type="checkbox"/> Likes stimulating visual experiences (ex. Flicking lights, video games, getting close to tv)</li> </ul> <p><i>Auditory</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seems unable to stop talking and has trouble taking his turn in conversations</li> <li><input type="checkbox"/> Constantly making noise</li> <li><input type="checkbox"/> Likes to play music and television at extremely high volume</li> </ul> <p><i>Smell and Taste</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prefers food with strong flavors or tastes, unusual foods</li> <li><input type="checkbox"/> Smells or tastes objects when playing with them</li> </ul>

## Discrimination Disorder

### *Tactile*

- Difficulty differentiating objects by touch or completing daily activities without visual cues (ex. Fastening zipper, bringing spoon to mouth, finding quarter in pocket)
- Difficulty distinguishing exactly what is touching him and/or where on his body
- Difficulty manipulating objects without vision
- Difficulty differentiating textures of food

### *Smell and Taste*

- Difficulty differentiating smells and tastes
- Doesn't alert to relevance of certain smells (ex. Burnt toast, gas)

### *Vestibular-Proprioceptive*

- Difficulty detecting whether or not he is in motion
- Difficulty determining what position he is in
- Difficulty maintaining balance while moving
- Difficulty judging how much force is required for a task, such as how firmly to hold a pencil
- Frequently drops objects

### *Auditory*

- Difficulty identifying and distinguishing between different sounds (ex. bat, bag, bad)
- Difficulty hearing what is said to him if there is background noise
- Frequently asks you to repeat what was said, needs directions repeated
- Needs more time than other children to perform assigned tasks and homework
- Misunderstands what is said to him
- Difficulty correctly repeating back what is said either with words or sentences
- Speech is difficult to understand, mispronounces words or has particular difficulty with multi-syllabic words (ex. Says "kopiter" for "helicopter")
- Answers questions strangely because he has mistaken the question
- Has poor spelling skills
- Reads one word at a time or sounds out letters without blending
- Difficulty with verbal (word) math problems
- Confusion about where a sound is coming from

### *Visual*

- Avoids playing with puzzles or other visual games
- Difficulty organizing writing on a page, such as spacing between letters or words
- Trouble staying within lines or forming lines when coloring, drawing, or writing
- Difficulty with cutting along lines and/or gluing objects and cutouts in the correct place when completing craft projects
- Messy handwriting and/or erases excessively
- Trouble copying from the board
- Confuses right/left
- Reverse letters and/or words in writing and copying
- Fails to recognize the same word repeated on a page
- Responds well orally but not in writing
- Seems to know material but performs poorly on written test
- Whispers to self while reading "silently"
- Confuses similar beginnings and endings of words
- Difficulty learning basic math and/or with concepts of size and magnitude
- Difficulty with spelling and sight vocabulary
- Decreased reading comprehension
- Trouble recognizing similarities and differences in patterns or designs
- Difficulty aligning buttons/fasteners on clothes or placing shoes on the correct feet
- Seem to attend to "parts" of a project or assignment but have trouble getting the "whole picture"
- Difficulty identifying letters, numbers, colors, and/or shapes
- Difficulty negotiating stairs
- Ducks when a moving object, such as a ball, approaches
- Difficulty finding his way around buildings and other environments, gets lost easily
- Dislikes being in strange places because he knows he can become easily lost
- Difficulty finding objects or landmarks (ex. where to turn in homework or the location of the pencil sharpener, identifying assignments on the blackboard in class, finding toy or book on shelf, from in a drawer, pick a face out from the crowd)

<b>Over-responsivity</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Aggressive or impulsive when overwhelmed by sensory stimulation</li> <li><input type="checkbox"/> Irritable, moody, fussy</li> <li><input type="checkbox"/> Clingy, whiny, cries easily</li> <li><input type="checkbox"/> Unsociable, avoids group activities and has trouble forming relationships</li> <li><input type="checkbox"/> Excessively cautious and afraid to try new things, anxious</li> <li><input type="checkbox"/> Upset by transitions and unexpected changes</li> </ul>
<b>Under-responsivity</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Passive, quiet, withdrawn</li> <li><input type="checkbox"/> Difficult to engage in conversation or other social interactions</li> <li><input type="checkbox"/> Seems disinterested in lessons and class participation</li> <li><input type="checkbox"/> Easily lost in his own fantasy worlds</li> <li><input type="checkbox"/> Apathetic and easily exhausted</li> <li><input type="checkbox"/> Excessively slow to complete assignments</li> <li><input type="checkbox"/> Lacks inner drive to get involved in the world around him; uninterested in exploring games or objects</li> </ul>
<b>Sensory Seeking</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Intense, demanding, hard to calm</li> <li><input type="checkbox"/> Angry or explosive when required to sit still or stop what he's doing</li> <li><input type="checkbox"/> Prone to create situations others perceive as "bad" or "dangerous"</li> </ul>

<b>Postural Disorder</b>	<b>Dyspraxia</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty using both hands at the same time (ex. Using a rolling pin)</li> <li><input type="checkbox"/> Poorly established hand dominance after 6 years of age (ex. Switches hands for writing or other skilled tasks.)</li> <li><input type="checkbox"/> Poor balance, falls over easily, sometimes even when seated</li> <li><input type="checkbox"/> Has trouble sitting upright (ex. slouches at desk, leans or props self against people or objects, wraps legs around chair)</li> <li><input type="checkbox"/> Tires easily, poor endurance</li> <li><input type="checkbox"/> Seems weak compared to other children</li> <li><input type="checkbox"/> Difficulty holding his own in games like tug-of-war</li> <li><input type="checkbox"/> Difficulty climbing a jungle gym or dangling from a bar with his arms</li> <li><input type="checkbox"/> Difficulty crossing the midline of his body (ex. Uses left hand to write on left side of paper and right hand to write on the right side)</li> <li><input type="checkbox"/> Difficulty coordinating two sides of the body ( ex, climb stairs, ride bike, pump swing)</li> <li><input type="checkbox"/> Doesn't automatically move as necessary to complete physical tasks (ex. Shift to catch a ball off to the side)</li> <li><input type="checkbox"/> Appears lazy, unmotivated or indifferent</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is clumsy, awkward or accident-prone</li> <li><input type="checkbox"/> Often trips or bumps into people or things</li> <li><input type="checkbox"/> Poor skills in ball activities and other sports</li> <li><input type="checkbox"/> Difficulty with manipulatives (beads, blocks, etc.)</li> <li><input type="checkbox"/> Seems to do things in efficient ways, e.g., putting in extra or leaving out steps</li> <li><input type="checkbox"/> Struggles with multi-step assignments in school (ex. Making a collage, assembling a binder)</li> <li><input type="checkbox"/> Have trouble organizing his desk or room</li> <li><input type="checkbox"/> Take longer than other children to learn skills such as tying shoes, getting dressed, writing, riding a bike or catching a ball</li> <li><input type="checkbox"/> Difficulty imitating actions or body positions</li> <li><input type="checkbox"/> Difficulty with self-care or motor actions that require more than one step (ex. Getting dressed, opening milk and pouring into cup)</li> <li><input type="checkbox"/> Acts "bossy" with friends, sometimes appearing to direct activities so that he can control situations</li> <li><input type="checkbox"/> Prefers fantasy games or talking rather than doing</li> <li><input type="checkbox"/> Prefers sedentary activities rather than active play</li> <li><input type="checkbox"/> Trouble coming up with new play ideas or knowing how to play with toys, tends to choose the same play structure or activities</li> <li><input type="checkbox"/> Limited repertoire of play skills (dump/fill, bang, throw)</li> <li><input type="checkbox"/> Refuses to try or gives up when challenged</li> <li><input type="checkbox"/> Frustrated when unable to complete tasks due to poor motor skills</li> <li><input type="checkbox"/> Doesn't look for a new strategy when the current one does not work</li> <li><input type="checkbox"/> Doesn't express pride or pleasure in his success</li> <li><input type="checkbox"/> Takes a long time to write things down and to do tasks that involve a series of directions</li> <li><input type="checkbox"/> Messy eater</li> <li><input type="checkbox"/> Disheveled appearance</li> <li><input type="checkbox"/> Doesn't use action language, descriptors or positional words</li> </ul>

<p><b>Eye-hand coordination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doesn't use his eyes to "steer" hand movements (shows extreme lack of orientation and placement of words or drawings on a page)</li> <li><input type="checkbox"/> Writes crookedly with poor spacing and difficult staying on the lines</li> <li><input type="checkbox"/> Misaligns horizontal and vertical series of numbers</li> <li><input type="checkbox"/> Must feel things to assist in interpretation, rather than just looking</li> <li><input type="checkbox"/> Repeatedly confuses left/right directions</li> <li><input type="checkbox"/> Uses hand or fingers to keep place on the page</li> </ul>	<p><b>Visual Focusing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blinks excessively at deskwork or reading, not elsewhere</li> <li><input type="checkbox"/> Squints or blinks to make the chalkboard "clear up" or ask to move closer to it</li> <li><input type="checkbox"/> Loses interest while reading or understands less as he continues reading</li> <li><input type="checkbox"/> Rubs eyes during or after short periods of visual activity/reading</li> <li><input type="checkbox"/> Complains of print blurring after reading for a short time</li> <li><input type="checkbox"/> Closes or covers one eye while reading or doing deskwork</li> <li><input type="checkbox"/> Makes errors in copying from the board, a book, or a worksheet</li> <li><input type="checkbox"/> Keeps face too close to a book or the desk surface</li> <li><input type="checkbox"/> Avoids "near" tasks</li> <li><input type="checkbox"/> Mispronounces similar words as he continues reading</li> <li><input type="checkbox"/> Holds book too close to face or face too close to desk</li> <li><input type="checkbox"/> Fatigues easily</li> </ul>
<p><b>Eye Teaming/Binocularity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complains of eyestrain and/or headaches</li> <li><input type="checkbox"/> Complains of seeing double or words moving on the page</li> <li><input type="checkbox"/> Repeats letters within words</li> <li><input type="checkbox"/> Omits letters, numbers or phrases in written work</li> <li><input type="checkbox"/> Misaligns numbers in columns for math problems</li> <li><input type="checkbox"/> Squints, closes or covers, or rubs one eye</li> <li><input type="checkbox"/> Tilts head to one side while working at desk or shows gross postural deviations</li> <li><input type="checkbox"/> Loses place during reading or copying</li> <li><input type="checkbox"/> Seems inattentive</li> <li><input type="checkbox"/> Decreased reading comprehension</li> </ul>	<p><b>Eye Movement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Turns head while reading across a page</li> <li><input type="checkbox"/> Loses place or uses finger to keep place while reading</li> <li><input type="checkbox"/> Omits words, especially short words, while reading or copying</li> <li><input type="checkbox"/> Re-reads or skips lines unknowingly</li> <li><input type="checkbox"/> Writes up or down hill on the paper</li> <li><input type="checkbox"/> Trouble understanding what he read</li> <li><input type="checkbox"/> Difficulty keeping head still while watching a moving target</li> <li><input type="checkbox"/> Short attention span when reading or copying</li> <li><input type="checkbox"/> Orients drawings poorly on the page</li> </ul>
<p><b>Appearance of Eyes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Crossed eyes</li> <li><input type="checkbox"/> Watery or bloodshot eyes</li> <li><input type="checkbox"/> Frequent sties</li> <li><input type="checkbox"/> Red-rimmed, crusted or swollen lids</li> </ul>	