

Vision Report Card

Child's Name _____

The following behaviors have been observed in your child, which could indicate a vision or other health problem that may affect your child's academic performance.

- Loses place frequently when reading
- Short attention span or daydreaming
- Re-reads or skips lines unknowingly when reading
- Uses finger as a guide when reading
- Avoids close work
- Complains of frequent headaches
- A drop in scholastic or sports performance
- Covers one eye
- Tilts the head (when reading)
- Squints one or both eyes
- Places head close to book or desk when reading or writing
- Has difficulty remembering, identifying and reproducing basic geometric forms
- Poor eye-hand coordination skills

It may be appropriate to seek a comprehensive vision examination from an optometrist or ophthalmologist for your child to rule out any vision problems. Please provide this information to your eye care professional.

School Official _____

Phone Number _____ Date _____