

Vision and Learning Screener

Name _____

DATE __/__/__

Please mark the column that best describes your child.

	How frequently does this happen?	Never	A little	Sometimes	A lot	Always
1.	Headaches with reading or writing					
2.	Words slide together or get blurry when reading					
3.	Reads below grade level					
4.	Loses place while reading					
5.	Hard to copy from board					
6.	Head tilt or closes an eye when reading					
7.	Doesn't like reading or writing					
8.	Leaves out small words when reading					
9.	Hard to write in straight line					
10.	Burning, itching, or watery eyes					
12.	Hard to understand what he/she has read					
12.	Holds book very close					
13.	Hard to pay attention when reading					
14.	Hard to finish assignments on time					
15.	Gives up easily (says "I can't" before trying)					
16.	Bumps into things, knocks things over					
17.	Homework takes too long					
18.	Daydreams					
19.	In trouble for being off task at school					
		x 0	x 1	x 2	x 3	x 4

TOTAL SCORE _____

* If your child's total score is more than 20, he or she has greater than an 80% chance of having a vision problem that is interfering with learning.