

# Checklist of Visual Behavior

SAN DIEGO UNIFIED SCHOOL DISTRICT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

ID#: \_\_\_\_\_ Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

A	Does the student have a current prescription for corrective lenses?	YES			NO	
	If yes, circle when corrective lenses are required	Close-up work	Distance work	Full Time	Unsure	
B	How often does the student wear his/her glasses as prescribed in class?	Not at all	1-25%	26-50%	51-75%	76-100%

Observed visual behaviors may be affected if a child has corrective lenses and wears these lenses less than 75% of time prescribed.

If a child has corrective lenses, student should wear lenses for visually related assessments as appropriate.

\*\*\*\*\*

\*\*\* NOTE: Shaded items (1 - 13) are indicative of possible visual acuity or other medically related visual issues.

Results of this Checklist should be shared with the school nurse.

**Directions: Please rate each behavior in the chart below. Do not leave any item blank.**

	Description of Visual Behavior: Visual Efficiency (Within each item circle all behaviors that apply)	Not Observed Not seen	Sometimes 1-2 X's per week	Occasionally 3-5 X's per week	Frequently 1-3 X's per day	Always 3 or more X's per day
1.	Covers/closes one eye or turns head to view objects or when reading					
2.	Rubs eyes when reading					
3.	Complains of eyestrain					
4.	Complains of headaches, nausea, dizziness, upset stomach (circle)					
5.	Complains of double vision					
6.	Complains of words moving on page					
7.	Poor ball skills affecting P.E. performance					
8.	Student moves to the front of the room when viewing from a distance					
9.	Complains of blurred vision (generally) close up					
10.	Complains of blurred vision when looking from desk to board					
11.	Holds things very close					
12.	Moves things away from face for reading and writing tasks					
13.	Squints when looking at objects					
14.	Short attention span when reading or copying					
15.	Loses place when reading					
16.	Omits or repeats letters, words, lines, or numbers when copying or reading					
17.	Must use finger to guide or keep place when reading					
18.	Inattentive when reading or writing					
19.	Loss of reading comprehension after 10 min. sustained reading					

# Checklist of Visual Behavior

SAN DIEGO UNIFIED SCHOOL DISTRICT

Description of Visual Behavior Visual Processing (Within each item circle all behaviors that apply.)		Not Observed Not seen	Sometimes 1-2 X's per week	Occasionally 3-5 X's per week	Frequently 1-3 X's per day	Always 3 or more X's per day
20.	Trouble discriminating left from right					
21.	Reverses letters, numbers or words when copying or writing					
22.	Mistakes words with similar beginnings when reading					
23.	Can't recognize the same word repeated on a page					
24.	Poor recall of visually presented material					
25.	Trouble with spelling and sight vocabulary					
26.	Sloppy writing skills					
27.	Can respond orally but not in writing					
28.	Seems to know material but does poorly on written tests					
29.	Misaligms numbers in columns, during math tasks					
30.	Difficulty orienting letters (positioning) appropriately on or between lines					
31.	Poor spacing of letters w/in words or words w/in a sentence when writing					
32.	Difficulty copying near point (e.g. from book to paper)					
33.	Difficulty finding items in cluttered area (e.g. desk, backpack, room)					
34.	Has more difficulty organizing desk space or backpack than peers					
35.	Difficulty copying from far point (e.g. board to paper on desk)					
36.	Erases excessively					
37.	Reading comprehension difficulties					
38.	Difficulty identifying specific letter, number or word					