

**DR. LAURA ANNE POTVIN, P.C.**  
**PARENT QUESTIONNAIRE**

**CHILD'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Does your child suffer from any of the following signs or symptoms of a potential vision problem? Remember that many children experience these signs and symptoms and do not tell anyone! **BECAUSE.....THEY DO NOT KNOW THESE SYMPTOMS ARE NOT NORMAL!**

1= never 2= seldom 3=occasionally 4= often 5= always

**PHYSICAL SIGNS**

**SCORE**

Does your child...

Report that the blackboard or other things look blurry?

Get headaches after doing schoolwork?

Blink excessively or rub his eyes?

Hold books extremely close?

Cover one eye by leaning on a hand?

Fall asleep when reading?

Report that words run together when reading?

**PERFORMANCE PROBLEMS**

Does your child...

Have trouble copying work from the chalkboard to paper?

Avoid reading?

Lose his place when reading?

Skip or reread words and lines?

Have difficulty completing schoolwork in a reasonable time?

Tend toward clumsiness?

Reverse letters and numbers?

**SECONDARY SYMPTOMS**

Does your child...

Have a short attentions span?

Have poor self-esteem or confidence in school?

Misbehave or "goof-off" in school?

Have frustration and anxiety associated with school?

Seem to perform below his potential?

**TOTAL SCORES ABOVE 30 OR ONE SCORE ABOVE 3 SHOULD RAISE SUSPICION ABOUT A POTENTIAL VISION PROBLEM!**

**TOTAL** \_\_\_\_\_