DISCOVER
VISION THERAPY

To assist the doctor in evaluating a child's visual skills please grade and check all boxes that apply. Once completed, save and email to mawani@discovervisiontherapy.com.

1 – Below Average
2 – Average
3 – Advanced

Reading	3	Spelling	3	Penmanship	3
Math	3	Writing	3	Physical Ed	3

Please check any of the following that apply to the child:

- ☐ Does not enjoy reading
- ☐ Is a slow reader
- ☐ Prefers being read to
- ☐ Gets headaches when reading or doing homework
- ☐ Loses place when reading
- ☐ When reading, sees the print running together
- ☐ Makes errors when copying words/letters
- ☐ Reverses words/letters
- ☐ Has poor reading comprehension
- ☐ Has been labeled as ADD/ADHD
- ☐ Has been labeled as Dyslexic
- ☐ Is in special Education
- ☐ Has a short attention span
- ☐ One eye turns in or out
- ☐ Rubs eyes when reading
- ☐ Becomes fatigued or daydreams often
- ☐ The teacher has concerns about school performance

Does your child experience any of the following problems:

☐ Hearing ☐ Auditory processing ☐ Speech

Is your child undergoing any of the following therapies:

☐ Speech ☐ Occupational ☐ Psycho-educational
☐ Physical Other

Do you have anything else to share in private? Check here: ☐

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