

PARENT SYMPTOM CHECKLIST

Please mark any of the symptoms listed below that you have observed in your child.
Use two check marks if they occur frequently and one if occasionally.

- _____ Frequent squinting
- _____ Frequent eye rubbing or blinking
- _____ Frequent occurrence of sties
- _____ Bothered by light
- _____ Eyes turn in or out
- _____ Holding a book very close to the eyes (i.e. 7"-8" away)
- _____ Avoidance of close work
- _____ Covering one eye while reading
- _____ Finger used to trace lines in a book
- _____ Child frequently skips lines or loses place while reading
- _____ Letter or lines "jump" or "run together" when reading
- _____ Tilting the head or moving the head back and forth while reading instead of moving the eyes
- _____ Omitting, miscalling or repeating words when reading aloud
- _____ Subvocalization during reading; murmuring or silent moving of the lips
- _____ Child confuses similar words and/or letters
- _____ Reversals of letters or words past the second grade
- _____ Poor spelling skills
- _____ Schoolwork that depends a lot upon reading, history or English, is difficult, while subjects such as math and science are learned easily
- _____ Homework takes hours and hours, when it shouldn't
- _____ Child seems to read well enough, but recalls only portions or has a spotty understanding of what they've read
- _____ Short attention span when reading; child fatigues quickly
- _____ A short attention span or frequent daydreaming
- _____ A drop in scholastic or athletic performance
- _____ Poor hand-eye coordination



WELCOME TO LOOKING GLASS LANE