

## Symptom Check List

Please mark any symptoms listed below that you have observed in your child and/or yourself.

If student; grade level: \_\_\_\_\_

History of concussions? If yes, how many: \_\_\_\_\_

Referred by: \_\_\_\_\_

\_\_\_ Frequent Squinting

\_\_\_ Bothered by light

\_\_\_ Holding book very close to the eyes (i.e. 7-8" away)

\_\_\_ Avoidance of close work

\_\_\_ Covering/Closing one eye when reading

\_\_\_ Fingers used to trace lines in a book

\_\_\_ Frequently skips lines or loses place when reading

\_\_\_ Letters or lines "run together" or "jump" when reading

\_\_\_ Tilting or moving the head back and forth when reading

\_\_\_ Omitting, miscalling, or repeating words when reading aloud

\_\_\_ Sub-vocalization during reading; murmuring or silently moving lips

\_\_\_ Confuses similar words/letters

\_\_\_ Poor Spelling

\_\_\_ Poor Handwriting

\_\_\_ Tasks/ Homework take longer than they should

\_\_\_ Reads well, but has a difficult time recalling what was read

\_\_\_ Short attention span when reading

\_\_\_ A drop in scholastic or athletic performance

\_\_\_ Poor hand-eye coordination

\_\_\_ Fatigues easily with every day tasks