SoundSkills
teaching the brain to hear

VISUAL PROCESSING CHECKLIST

Please complete this form with your child. (Exception: If your child has already been assessed by a behavioural optometrist you do not need to complete this form.) This screening checklist is based on the College of Optometrists in Vision Development (COVD) Quality of Life (QOL) Checklist. This information is requested because auditory and visual processing problems can be associated. Scores above 20 suggest behavioural optometry evaluation may be warranted.

Name: ______________________ Age: ____________ Date: ______________

Indicate below how often the following symptoms are experienced by your child.

	NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALWAYS
Headaches with near work	0	1	2	3	4
Words run together reading	0	1	2	3	4
Burning, itchy, or watery eyes	0	1	2	3	4
Skipping/repeating lines while reading	0	1	2	3	4
Tilting head or closing one eye when reading	0	1	2	3	4
Difficulty copying from the board	0	1	2	3	4
Avoiding near work or reading	0	1	2	3	4
Omitting small words when reading	0	1	2	3	4
Writing uphill or downhill	0	1	2	3	4
Misaligning digits/columns of numbers	0	1	2	3	4
Poor reading comprehension	0	1	2	3	4
Holding books or near work very close to eyes	0	1	2	3	4
Short attention span with near work	0	1	2	3	4
Difficulty completing assignments on time	0	1	2	3	4
Saying "I can't" before trying something	0	1	2	3	4
Clumsiness and knocking things over	0	1	2	3	4
Poor use of time	0	1	2	3	4
Losing belongings or misplacing things	0	1	2	3	4
Forgetting things	0	1	2	3	4
Poor handwriting	0	1	2	3	4
TOTAL SCORE					