ABC Checklist (Ages 5+): Vision Observation and History



		Grade:	Date	2:	
	T	eacher:_			
e give	deta	ils in the	comment se	ection(s).	
e.g pa	arent	, teacher	·, RN):		
/ d eye d	are p	rofession	al (if applicab		
Yes	No	_		•	
Yes	No	Comme	nts		
		Circle:	Distance	Close	
	-				
	-				
	e.g pa	e give deta e.g parent, / Heye care p	Teacher:	Teacher: e give details in the comment see. g parent, teacher, RN): / d eye care professional (if applicable of the comments) Yes No Comments Yes No Comments	e give details in the comment section(s). e.g parent, teacher, RN): /

Whispers to self while reading silently									
Blinks excessively while reading			Circle:	Distance		Close			
Holds book close to face									
Avoids near vision tasks									
Makes errors when copying from board, paper,			Circle:	Board	Paper	Book			
and/or book									
Complaints (Student statements)	Yes	No	Comments						
Eyes hurt or blur while reading after reading a short									
time									
Circle those that apply (when reading):			Circle:	Distance		Close			
Headaches Dizziness Nausea									
Words move or jump around when reading									
Unable to see the board									
Double vision									
Circle those that apply: Eyes are									
Itching Burning "Scratchy"									
Difficulty seeing objects			Circle:	Distance		Close			
History of head injury with vision complaints									
ABC Checklist additional comments:									