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## Parents Vision & Learning Questionnaire

This questionnaire will provide important information to me about your child. I strive to understand the total child, especially but not only, his or her vision. Thank you for taking the time to complete this form.

**John D. Tassinari, OD, FAAO, FCOVD**  
**Wendy S. Yeh, OD**  
**Judy Cao, OD**

**Child's Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your relation to child:** \_\_\_\_\_

1. In your own words, please state your main concern about your child:
  
  
  
  
  
  
  
  
  
  
2. What has occurred that has led your to schedule comprehensive vision testing for your child?
  
  
  
  
  
  
  
  
  
  
3. Was there anything unusual about your child's birth or development?      Yes      No  
If yes, please describe:
  
  
  
  
  
  
  
  
  
  
4. Are there any behavior problems at school or home?      Yes      No  
If yes, please describe:



## Vision & Learning Questionnaire - Parents

5. Does your child report or have you noticed any of the following?

Yes    No

- Blurry Eyesight during reading or writing.
- Headaches associated with visual tasks.
- Eyestrain or tired eyes associated with visual tasks.
- Print moves, doubles, or runs together while reading.
- Blinks or rubs eyes excessively.
- Eyes become red or water too much with desk work.
- Gets too close to book or desk work.
- Closes or covers one eye during visual tasks.
- Frequently loses place while reading or copying.
- Often skips over words or lines of text while reading.
- Often re-reads words or lines unintentionally.
- Over-reliance on finger or marker to keep place while reading.
- Moves/turns head excessively during reading or other desk work.
- Unusual fatigue or declining attention with desk work.
- Poor general coordination and balance.
- Reverses letters or numbers. (ex: b for d, p for q)
- Letter sequence or number sequence errors. (ex: was - saw, on-no)
- Frequent word recognition errors for common grade level words.
- Frequent written spelling errors for common grade level words.
- Poor penmanship.
- Copying from book to paper is slow or difficult.
- Difficulty completing written assignments.
- Avoids reading or other near vision tasks.

6. Do you think your child's achievement and performance in school are up to her/his potential?    Yes    No

*If no, do you have or have you been given a reason for the discrepancy?*



## Vision & Learning Questionnaire - Parents

7. Has a grade been repeated?      Yes      No      If yes, which one?
8. Has your child had tutoring, remedial assistance/intervention, or special education?  
Yes      No      If yes, by whom and when:

9. Please rate your child's academic performance:

	Above Average	Average	Below Average
Reading			
Writing			
Spelling			
Math			

10. Are there other family members with learning problems?      Yes      No  
If yes, who and to what extent?

Please give a brief description of the nutritional philosophy & habits in the child's home:

11. Please give a brief description of your child's personality:

It is often beneficial for us to discuss examination results and send reports to your child's school and other professionals involved in her/his care. Please sign below to authorize this exchange of information.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_