



**Wendy S. Yeh, O.D.**  
**John D. Tassinari, O.D.**  
**Judy Cao, O.D.**  
**Doctors of Optometry**

1368 E. Walnut Street  
 Pasadena, CA 91106-1528  
 626-796-3105 626-796-8816 fax  
 www.wendyshemyehod.com  
 www.visionsource-drjvt.com

## Teacher Vision & Learning Questionnaire

**Student's Name:** \_\_\_\_\_

Dear Educator,

I am evaluating this student for functional vision skill problems that could be interfering with her/his learning. Your observations are important to me as I attempt to understand the total learning problem. Thank you in advance for your input.

**Wendy S. Yeh, OD, John D. Tassinari, OD, FAAO, FCOVD, and Judy Cao, OD**  
 1368 E. Walnut St.  
 Pasadena, CA 91106-1528  
 626-796-3105                      626-796-8816 (fax)

I authorize my child's teacher to release information to:

Dr. Wendy Yen      Dr. John Tassinari,      Dr. Judy Cao

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Is this student achieving up to his/her potential?                      Yes                      No

2. Please rate academic performance in the following areas:

	Above Average	Average	Below Average
Reading Comprehension			
Reading Rate			
Writing			
Spelling			
Math			



## Vision & Learning Questionnaire - Teacher

3. Please check the following that best describes this student:

<b>Yes</b>	<b>Yes, but</b> normal for this grade	<b>No</b>	<b>Not</b> <b>Available</b>
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Complains of blurry eyesight.....

Complains of headaches.....

Complains of eyestrain or tired eyes.....

Eyes appear red or watery.....

Blinks or rubs eyes excessively.....

Complains that print moves, doubles, or runs together.....

Gets too close to book or desk work.....

Covers/closes one eye.....

Difficulty keeping place.....

Skips words or lines.....

Re-reads words or lines.....

Over-reliance on finger or marker to keep place..

Moves/turns head excessively during desk work or reading.....

Unusual fatigue or declining attention with desk work.....

Reverses letters or numbers.....

Letter sequence errors or number sequence errors.....

Frequent sight word (decoding) errors.....

Frequent applied spelling (encoding) errors.....

Poor penmanship.....

Copying from board to desk is slow or difficult....

Difficulty completing written assignments.....

Seems to know material based on oral responses but does poorly on written assignments or tests....

Poor awareness of errors within written work.....



## Vision & Learning Questionnaire - Teacher

4. Please describe any other observations which you think may be relevant or helpful:

**Date Questionnaire Completed:**

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**Your Name:**    Mr.    Mrs.    Ms.    Miss.    Dr.

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**Name and address of School:**

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**Phone Number where you can be reached at school:**

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If the parents grant permission, we will forward a report of the evaluation to you upon completion of the testing.