School Observations Form Checklist

Date: ____________  Observed by Parent(s)/Guardian(s) of ________________________________ or Screener ________________________________

Note any of the following eye conditions:

- Ocular asymmetry, including eye size.
- Abnormal color of iris, shape of pupils, etc.
- Red, swollen eyelids.
- Drooping eyelid(s).
- Growth on lid or eye.
- Drainage or discharge from the eyes.
- Consistently crusty eyelashes.
- Unequal pupil size.
- Cloudiness or haziness of cornea.
- Red eye or eyes.
- Misaligned eyes (ocular muscle imbalance).
- Eyes in constant motion, i.e., nystagmus.
- Consistently poorly fitting frames or scratched corrective lenses.

Referrals can be made on frequent behaviors observed by a teacher, parent/guardian or screener nurse:

- Holding working material excessively close or far from the eyes.
- Squinting.
- Frequent rubbing or blinking of eyes.
- Frowning when reading.
- Thrusting head forward.
- Constant head tilt or face turn/any unusual head position.
- Covering an eye while reading.
- Closing one eye in sunlight.

In addition to appearance and frequent behaviors observed, referrals can be made based on complaints from the child:

- Do you have or wear glasses?
- Do you have difficulty seeing distance (such as when looking across the street) or at a close distance (such as when reading a book)?
- Do you have blurred or double vision when reading or doing close work?
- Do you get frequent headaches when reading or doing close work?
- Do your eyes feel tired when reading or doing close work?
- Do you have blurred vision when going from distance work to near work or near work to distance work?

Note the following complaints might come from the child, parent or guardian:

- Eye pain.
- Itching and/or burning sensation.
- Double vision.
- Blurred vision.
- Frequent headaches when reading.
- Persistent visual complaints after reading or any sustained near activity.
- Light sensitivity:
- Spots floating across field of vision.