

# Kathleen M. Kinney, O.D., FCOVD

## TEACHER QUESTIONNAIRE

*A note to the teacher:* Thank you in advance for your valuable time and thoughtfulness in filling out this questionnaire. Together with the parents' questionnaire, your observations and insights give us essential information as to this child's visual and general development. If a question is not applicable to the student, please write N/A. If you would like to receive information regarding vision development as it affects learning, please call our office and request to speak with one of our vision therapists, or visit our website: <http://www.drkathleenkinney.com>

### GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Teacher's name: \_\_\_\_\_ Phone (W): \_\_\_\_\_  
 Name of school: \_\_\_\_\_  
 What subjects do you teach this child? \_\_\_\_\_  
 How well do you know this child? \_\_\_\_\_

Is this child having any problems with progress in school? Please be specific: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What has been done to address this/these problems? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To your knowledge, has this child been diagnosed/labeled: (circle) "Dyslexic" "Learning Disabled"  
 "Attention Deficit" "Hyperactive" "Developmentally delayed" "Tactile Defensive"  
 Poor Motor Coordination: Fine/Gross "Autistic"/PDD Visual Perceptual Deficits  
 Other: \_\_\_\_\_

Please indicate if this child is having difficulty or is gifted in any of the following subjects:

Subject	Difficulties	Average	Gifted	Comments
Reading – Speed/Comprehension	____/____	____/____	____/____	_____
Reading – Sight words/ Phonics	____/____	____/____	____/____	_____
Handwriting	_____	_____	_____	_____
Spelling	_____	_____	_____	_____
Composition & Creative Writing	_____	_____	_____	_____
Art / Music	____/____	____/____	____/____	_____
Math	_____	_____	_____	_____
Working Independently	_____	_____	_____	_____
Social Interaction	_____	_____	_____	_____
Sports	_____	_____	_____	_____

Please write a brief description of this child: \_\_\_\_\_  
 \_\_\_\_\_

## SOCIAL – EMOTIONAL DEVELOPMENT

Are you aware of any significant changes or stressors in this child's life in the last months or years? \_\_\_\_\_

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Low self esteem; poor self image				
Temper flare ups; aggressiveness				
Difficulty getting along with peers				
Easily frustrated; perfectionist; gives up easily				
Very shy; very uncomfortable in new situations				
Prone to depression				
Prone to anxiety				

## RECEPTIVE AND EXPRESSIVE LANGUAGE; AUDITORY PROCESSING

Please describe this child's current expressive and receptive language skill and vocabulary. \_\_\_\_\_

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Not precise with expressing ideas				
Tends to talk excessively (&/or) excessively loud (circle)				
Tends to talk too little (&/or) excessively soft (circle)				
Often mistakes what he/she hears – confuses similar words				
Seems to “strain” to listen and understand				
Listens inattentively				
Listens attentively yet often forgets what was said				
Difficulty following through with multi-step chores or school tasks				

## ATTENTION AND CENTRAL – PERIPHERAL INTEGRATION

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Excessive distractibility				
Short attention span				
Excessive daydreaming				
Can concentrate only when alone and / or in silence				
Becomes overly concentrated – unresponsive to interruptions or requests				
Difficulty shifting attention from task to task / idea to idea				
Starts many activities but finishes few				
Disorganized – forgets to bring homework, lunch box, coat to or from school				
More often impulsive, imprecise and fast				
More often precise or slow				

## READING: PHONICS AND SIGHT WORDS; COMPREHENSION AND MEMORY

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Avoids reading or says it is "boring"				
Becomes very frustrated, irritable, or tired while reading (after _____ minutes)				
Has difficulty sounding out new words				
Has particular difficulty with vowel sounds				
Confuses similar-looking words / words with similar beginnings / guesses using just first letter(s)				
Fails to recognize newly learned words soon thereafter				
Relies on sounding out even familiar words				
Reads aloud without appropriate inflection				
Poor memory or comprehension of what she / he reads				

### TACTILE

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Still puts many things in his/her mouth to explore them				
Dislikes sand, finger-paint, paste, or similar materials				
Prefers to wear less clothing than others, or shirts with no sleeves or collar, or picky about fabrics & textures				
Avoids physical contact in play – even with friends				
Dislikes affectionate touch (pat on the shoulder, hug)				
Especially uneasy being approached from behind				
Wears <i>more</i> clothing than others – as if "padding"				
Has strong need to touch "everything"				

### GROSS MOTOR COORDINATION / POSTURE

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Inconsistent or difficulty with sports performance				
Tends to be clumsy or awkward; drops things / trips				
Restless, difficulty sitting still				
Complains of back or neck pain				
Has a hunched back, head tilt, other posture asymmetry				
Usually slouches while sitting and / or standing				
Low physical stamina				
Dominant hand: (circle) Right Left Uses both				
Has difficulty following "Right and Left" directions				

**FINE MOTOR AND WRITING SKILLS**

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Difficulty with "finger tasks" such as tying shoe laces, scissors				
Has a tight or awkward pen/pencil grip				
Difficulty learning to write ABCs				
In writing – reverses letters and/or numbers				
Uneven handwriting – poorly spaced				
Difficulty writing on the line; writes uphill or downhill				
Orients drawings awkwardly on a page				
Misaligns numbers in math				

**OTHER SKILLS / CHALLENGES YOU WOULD LIKE US TO KNOW ABOUT**

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#

**EYESIGHT / EYE COMFORT**

Does this child have eyeglasses? Are they worn regularly in the classroom? \_\_\_\_\_

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Sits too close to TV or computer (or <i>wants</i> to but is not permitted)				
Squints to see chalkboard or other distance viewing				
Complains of blurred vision at <u>near</u> or <u>far</u> (circle)				
Red, sore, itching, or burning eyes (circle)				
Rubs eyes, blinks excessively (circle)				
Complains of frontal headaches				
Light sensitive (or always wants to wear a cap with visor)				

**TRACKING AND HAND-EYE COORDINATION**

0 = Not at all 1 = Sometimes 2 = Very true # = Used to	0	1	2	#
Poor eye contact				
Head turns when reading across the page				
Depends on finger or marker to keep place in reading				
Frequent loss of place when reading				
Omits, inserts, or re-reads letters, words, sentences				
Difficulty with hand-eye sports; seldom plays with small balls				
Difficulty with catching and/or hitting in baseball/T-ball				

**FOCUSING AND EYE TEAMING**

<b>0 = Not at all   1 = Sometimes   2 = Very true   # = Used to</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>#</b>
Eye turns in or out (or complains of a pulling sensation)				
Tilts head, closes or covers one eye while reading				
Headaches, dizziness, nausea with reading or riding in car				
Poor depth perception (apparent or reported)				
Blurred distance vision after near focusing				
Complains of words blurring, running together, or "jumping off the page"				
Avoids reading / gets fatigued or irritable while reading				
Slow reader				
Poor reading comprehension (unless content is simple)				
Holds books too close				
Slow copying from chalkboard (other writing is quicker)				
Makes errors while copying from chalkboard				