Checklist:

Teacher's checklist of observable clues to classroom vision problems

Student Name

Appearance of eyes

- One eye turns in or out at any time
- Reddened eyes or eye lids
- Eyes water excessively
- Encrusted eyelids
- Frequent styes on lids

Complaints when using eyes at desk

- Headaches in forehead or temples
- Burning or itchy eyes after reading or desk work
- Print blurs after a short time
- Complains of seeing double
- Words 'move' or 'swim' on the page

Behavioural signs of visual problems

Eye movement ability (Ocular Motility)

- Head turns while reading across the page
- Loses place frequently during reading
 Needs finger or marker to keep place
- Short attention span for reading or copying
- Frequently omits words
- Writes up or down hill on paper
- Re-reads or skips lines unknowingly
- Orientates drawings poorly on the page



Vision in the classroom

This checklist has been designed to help teachers identify the visual signs and symptoms that can and do interfere with a child's academic progress at school.

It is important to note that reading the lowest lines on a test chart and passing a basic 'sight' test does not necessarily mean that the vision is normal. Sight testing checks how small a letter a person can see. Vision however results from the active interpretation and reaction to information made available through the eyes. The informed teacher and school nurse can often make the best observations and judgements on visual performance, which may be interfering with the teacher's best efforts in the classroom. Intervening early, before the visual difficulties become more severe and cause real problems with reading and academic performance, can make a real difference.

The expert observational skills of teachers make them ideally suited to spot the behavioural changes in their students that might suggest that individual intervention by an optometrist skilled in the behavioural vision care approach, could be beneficial.

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A Teacher's Guide To Vision In The Classroom



Further Reading / Information www.babo.co.uk & www.covd.org

Eye teaming ability (Binocularity)

- Repeats letters within wordsOmits letters, numbers or phrases
- Misaligns digits in number columns
- Squints, closes or covers one eye
- Tilts head extremely while working at a desk
- Odd working posture at desk activities

Eye hand co-ordination abilities

- Must feel things to 'get the idea'
- Eyes not used to 'steer' hand movements (extreme lack of orientation, placement of words or drawings on the page)
- Writes crookedly, or with poor spacing; cannot stay on ruled lines
- Misaligns both horizontal and vertical series of numbers
- Uses hand as 'spacer' to control spacing and alignment
- on page
 Repeatedly confuses left-right directions

Visual form perception

(Visual Comparison, Visual Imagery, Visualisation)

- Fails to recognise same word in next sentence
- Reverses letters or words in writing and copying
- Difficulty in recognising minor differences
- Repeatedly confuses words with similar beginnings and endings
- Whispers to self for reinforcement whilst reading silently
- Uses 'drawing with fingers' to discriminate similarities and differences.

Refractive status

(Short Sighted, Long Sighted and Focal Problems)

- Quickly loses interest in reading
- Blinks excessively at desk tasks or when reading
- Holds books too closely; face too close to desk
- Makes errors in copying from the board to paper
- Squints to see white board, or requests to move closer
- Rubs eyes during or after short periods of visual activity
- Blinks to clear board after reading or writing

Eye movement skills (Ocular Motility)

Good eye movements are essential for accuracy and speed in reading. Visual inspection and scanning of visual material relies on easy, effortless and efficient eye movements. The child must obtain the most information with the least effort.

Problems in this area of visual performance can be identified whilst the child is performing close work tasks. Eye movements that are slow, clumsy or uncoordinated, or eyes that miss or 'stutter' will reduce the child's efficiency.

Clinically significant problems will become worse when the child is required to spend longer times performing close tasks. Often the child avoids demanding close tasks and head movements during reading increases. Attention span for near tasks decreases whilst fatigue and fidgeting at the desk increases. These problems indicate a need to refer for visioncare.

Eye teaming skills (Binocularity)

The paired eyes and their reciprocating muscles allow a degree of teaming. The two eyes perform almost like one. The skill of using the eyes together (binocularity) is learned in the pre-school years. Poor performance in this skill can result in poor judgement of spatial relationships, orientation and depth perception. More importantly, this affects the immediacy of clear single vision for many objects in the classroom.

Problems in this area will contribute to general clumsiness in class and in the playground. Squinting, blinking and odd postures will attract the teacher's attention.

Clinical problems will manifest as decreasing competency in visually demanding near tasks. The child will often show a preference for listening and verbal tasks. Referral for a thorough binocular vision investigation is indicated.

Eye to hand co-ordination skills

Ability and proficiency in this area of performance depend on the use, practise and integration of the eyes and hands as paired learning tools. The abilities to visually discriminate the size, shape, texture and location of objects emerge from these experiences.

Producing drawn and written symbols depend on the skill and accuracy of eye to hand co-ordination. Developmentally this stage precedes the visual interpretation of words and numbers in texts and workbooks.

The child's dependence on hands for inspection and exploration of materials when others would simply look can suggest difficulties in this area. Time and repetition do not seem to make a significant improvement and significant difficulties in this can cause expressive disorders later in school life.

Visual form perception (Visual Comparison, Visual Imagery, Visualisation)

The child's first symbols are images and pictures that allow a mental hold on fleeting reality. This skill of visual imagery allows the child to relate primary experiences to the pictures and words on the printed page. These combined skills provide perceptual information that permits translation of object size, shape, texture, location, distance, and solidity into understandable pictures and words. Visual form perception, a derived skill, is not a separate and independent ability. It provide's immediate and accurate discrimination of visible similarities and differences that allow appropriate actions to be taken.

Poor memory or carelessness is often blamed for problems in these areas. Furthermore, difficulties in these areas will result in reversal of letters or forms and/or letter sequences in words that are not phonetically specific.

When repeated practise does not result in improvement and written work and drawing continues to be a problem consider referral for optometric evaluation. It should be noted that kindergarten and year one children will not demonstrate a high level of skill in these areas.

However, lack of skill hinders all academic areas, particularly spelling and writing. Visual form perception training should use the underlying processes of ocular motility and eye to hand coordination, rather than repetitive practise on simply recognising the symbols and forms.

Refractive skills (Short-Sightedness etc.)

Like visual form perception this is more than a skill area. It is generally the result of inadequacies in other areas of visual performance. The resulting distortions or inadequacies can change visual information. The child must continuously match these signals with auditory and tactile signals. Some distortions can hinder the comprehension processes. Some distortions can override auditory and tactile signals and entirely void comprehension. This results in avoidance of desk work as well as those indicators found in section 2 of the checklist and referral for optometric care is recommended.

Suggestions for using the checklist

The checklist especially applies to all those entering school with a high degree of 'school readiness' or for those who have done well for the first few years and struggle once school becomes visually more demanding.

This checklist can assist you to identify students in later years whose achievements fall short of their capabilities.

By casually observing all students in a class the teacher can recognise which students are not in immediate difficulty. The teacher can then observe the students with suspected difficulties more closely.

Since many of these problems occur as the stress of the school year progresses, the teacher should continue to monitor all students.