

**Capistrano Unified School District  
Checklist for Suspected Visual Impairment**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Birthdate \_\_\_\_\_ Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Is the student now receiving Special Education services? Yes  No

Identify service \_\_\_\_\_ IEP Date \_\_\_\_\_

<b>Reading</b>	<b>Yes</b>	<b>No</b>
Does the student:		
1. Close or cover one eye? Which eye?		
2. Use any head tilt favoring one eye?		
3. Have unusual posture for reading?		
4. Have unusual posture for writing (such as laying his head on his arm)?		
5. Move his head rather than his eyes to follow across a line of print?		
6. Use his finger as a pointer?		
7. Generally keep his hands in constant visual sight'?		
8. Frequently lose his place within the line of print?		
9. Have problems going from the end of one line to the beginning of the next?		
10. Frequently omit "small" words (of, a, to, for)?		
11. Skip lines of print?		
12. Mispronounce similar words?		
13. Mis-align digits in number columns?		
14. Have reduced comprehension as reading continues?		
15. Have difficulty copying from a text or dictionary?		
<b>Distance Vision and Movement</b>		
Does the student:		
1. Have difficulties copying from the blackboard (such as needing extra time) often'.)		
2. Give the impression he is "inching up" on the blackboard or flipchart?		