

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

Distance Vision and Movement		Yes	No
3.	Show unusual "tenseness" or body rigidity when looking at distant objects?		
4.	Use unusual facial distortions, such as squeezing up the facial muscles, frowning, or scowling when looking at an object (near or far)?		
5.	Have problems avoiding obstructions?		
6.	Appear not to look down when walking or running?		
7.	Have poor distance judgments?		
8.	Have problems estimating the size of objects?		
9.	Have poor hand-eye coordination (such as catching ball or in academic tasks)?		
10.	Have difficulties out of doors in bright sunlight or high glare conditions'?		
Observing the Appearance of the Eyes			
Does the student:			
1.	Show problems in the appearance of the eyes, such as one eye turning in or out, reddening, sties, etc.?		
2.	Rub eyes frequently, especially when looking up from close work?		
3.	Complain of blurred vision, double vision, or eye fatigue?		
4.	Complain of headaches, nausea, or dizziness, particularly after concentrating closely?		
General Observations			
Does the student:			
1.	Seem to vary widely in academic abilities?		
2.	Seem to have "good" or "bad" times of the day'?		
3.	Report general fatigue with academic tasks?		
4.	Show unusual restlessness, irritability, or nervousness at near or distance work?		
5.	Work to within reasonable limits of his/her capacity?		

Other comments