

ABC Checklist (Ages 5+): Vision Observation and History
COLORADO
 Department of Education

Student Name: _____ Grade: _____ Date: _____

School: _____ Teacher: _____

If answer is “yes” to any areas below, please give details in the comment section(s).
Name/title of person completing this form (e.g parent, teacher, RN):

_____ / _____

Please return completed form to District RN, and eye care professional (if applicable).

Appearance (do the eyes look normal?)	Yes	No	Comments
Eyes turn in or out or eyes are crossed			
Crusty or red eyelids (excessive tearing of eyes)			
Different size pupils or eyes			
Swelling of eyelids (includes frequent styes)			
Drooping lids			
Eyes appear hazy or clouded			
Drooping eyelids			
Reddened eyes or lids			

Behavioral Observations	Yes	No	Comments
Needs finger or marker to keep place when reading			
Frequently omits words, letters, numbers, or phrases			
Writes up or down hill on paper			
Holds printed material in unusual position			
Re-reads or skips lines when reading			
Unusual placement of drawings on paper (e.g. corner, top)			
Repeats letters within words			
Misaligns digits in number columns			
Thrusts head forward, squints, closes or covers one eye			Circle: Distance Close
Rubs eyes during or after short periods of visual activity			
Attempts to brush away “blur”			
Difficulty in identifying colors			
Tilts head extremely while working at desk			
Excessive stumbling, awkwardness, runs into objects			
Only able to read for short periods of time, or displays short attention span when reading or writing, loses interest quickly			
Writing is crooked, poorly spaced and child cannot stay on the ruled lines			
Must feel things to assist in interpretation			
Mistakes words with same or similar beginning or ending			
Fails to recognize or mispronounces similar words			
Confuses same word in same sentence			
Reverses words or syllables			

Whispers to self while reading silently			
Blinks excessively while reading			Circle: Distance Close
Holds book close to face			
Avoids near vision tasks			
Makes errors when copying from board, paper, and/or book			Circle: Board Paper Book

Complaints (Student statements)	Yes	No	Comments
Eyes hurt or blur while reading after reading a short time			
Circle those that apply (when reading): Headaches Dizziness Nausea			Circle: Distance Close
Words move or jump around when reading			
Unable to see the board			
Double vision			
Circle those that apply: Eyes are Itching Burning "Scratchy"			
Difficulty seeing objects			Circle: Distance Close
History of head injury with vision complaints			

ABC Checklist additional comments:
