

Student Interview

Please have your child fill out the following questions. The doctor would like to have a sample of your child's writing if possible (not prompted or corrected by the parent).

Name: _____ Date: _____

1. What do you like best at school? _____ Why? _____
2. What is hardest for you at school? _____ Why? _____
3. What do you not like at school? _____ Why? _____
4. What part of your school work do you wish you could do better? _____
5. Do you like to read? _____ Would you rather have someone read to you? _____
6. What subjects do you have at school? _____
7. What kind of stories do you like to read or listen to? _____
8. Do you like to watch television? _____ How many programs do you watch per day? _____
9. What do you like to play? _____
10. What do you like to do outdoors? _____
11. What is your favorite sport? _____ Do you play this sport? _____
Would you like to be better in this sport? _____
12. What are your hobbies? _____ How much time do you spend at them? _____
13. What can your friends do that you wish you could do better? _____
14. Do you think you have good eyes and good vision? _____
15. Do you think that your vision ever interferes with your school work? _____ How? _____

16. Do your eyes ever hurt? _____ When? _____
17. Does the print in a book ever look funny? _____ When does this happen and what do you do about it? _____
18. Can you always see what the teacher writes on the blackboard? _____ What do you do if you cannot see it? _____
19. Do things ever look blurred when you look up from reading? _____ Does this happen often? _____
What do you do about it? _____
20. Does the print ever move, or double? _____ Do you lose your place? _____
21. Would you like to get better grades? _____
22. Would you like to get help so that school work is easier? _____
23. Is there anything else that you would like to say about your vision or your school work? _____
