



TEACHER OBSERVATION FORM

(www.Irlen.com)

Please have this form completed by your child's teacher and bring to your appointment.
Please print.

Name _____ Age _____ Grade _____
Address _____ Phone _____
Completed by _____ Date _____
Comments _____

GENERAL CHARACTERISTICS:

Please Circle Answer

Reads in dim light	Yes	No	?
Feels there is insufficient or too much light	Yes	No	?
Is bothered by glare	Yes	No	?
Is light sensitive	Yes	No	?

APPEARANCE OF THE EYES WHEN READING:

Reddened eyes and lids	Yes	No	?
Watery eyes	Yes	No	?

COMPLAINTS WHEN READING:

Headaches	Yes	No	?
Burning or itching eyes	Yes	No	?
Sandy, scratchy, dry eyes	Yes	No	?
Sleepiness when reading	Yes	No	?
Tiredness when reading	Yes	No	?
Doubling, moving, or fuzzy-looking words	Yes	No	?
Disappearing words	Yes	No	?

TYPES OF READING DIFFICULTIES:

Skips words or lines	Yes	No	?
Repeats or rereads line	Yes	No	?
Reads for less than one hour	Yes	No	?
Loses place	Yes	No	?
Reads in a "stop and go" rhythm	Yes	No	?
Omits small words	Yes	No	?
Has poor reading skills and comprehension	Yes	No	?
Reads progressively worse as reading continues	Yes	No	?

OBSERVATIONS WHILE READING:

Rubs eyes	Yes	No	?
Moves closer to or further from the book	Yes	No	?
Blinks excessively	Yes	No	?
Squints	Yes	No	?
Opens eyes wide	Yes	No	?
Shades the page with hand or body	Yes	No	?
Incorporates breaks into reading	Yes	No	?
Moves the book to reduce glare	Yes	No	?
Closes or covers one eye	Yes	No	?
Moves head	Yes	No	?
Reads close to the page	Yes	No	?
Reads word by word	Yes	No	?
Uses finger or other marker to block out part of the page	Yes	No	?
Is unable to skim or speed read		Yes	No
?			

COMPLAINTS ON COMPUTERS:

Strain and/or fatigue	Yes	No	?
Headaches	Yes	No	?

WRITING:

Write up or down hill	Yes	No	?
Has unequal spacing between letters or words	Yes	No	?
Is unable to write on the line	Yes	No	?
Makes errors copying from chalkboard	Yes	No	?
Squints or blinks while copying from chalkboard	Yes	No	?

MATHEMATICS:

Misaligns digits in number columns	Yes	No	?
Has difficulty seeing numbers in the correct column		Yes	No
?			
Makes sloppy, careless errors	Yes	No	?

DEPTH PERCEPTION:

Has difficulty getting on and off escalators	Yes	No	?
Is clumsy	Yes	No	?
Walks into table edges or door jams	Yes	No	?
Has difficulty judging distances	Yes	No	?
Drops or knocks things over	Yes	No	?

Reading Grade Level: _____ Spelling Grade Level: _____ Math Grade Level: _____

For further information, contact:

Irlen Institute 5380 Village Road, Long Beach, CA 90808 (562) 496-2550

www.irlen.com