

Student Evaluation

Questions should be answered YES or NO. The following answers indicate problematic responses that will suggest the need for Reading Plus and/or vision training.

1. Do you like to read?
NO
2. Do you get headaches when reading?
YES
3. Can you read easily for 15 minutes?
NO
4. Can you read easily for 30 minutes?
NO
5. Can you read easily for 1 hour?
NO
6. Can you read easily for 2 hours?
NO
7. Do you get tired and sleepy when you read?
YES
8. Do you study in short spurts?
YES
9. Do your eyes get tired?
YES
10. Do your eyes get itchy?
YES
11. Do your eyes ever burn?
YES
12. Do your eyes get watery?
YES
13. Do the words in reading ever get muddy or blurred?
YES
14. Do the letters in words double up or wiggle at times?
YES
15. Do you find yourself saying the words to yourself during reading?
YES
16. Do you have trouble understanding what you read?
YES
17. Do you ever get carsick or headaches riding in a car?
YES
18. Do you get a stiff neck or backache after reading?
YES
19. Do you find your eyes bother you in sports such as baseball, basketball, tennis or table tennis?
YES
20. Do you feel your reading can be improved?
YES

Examiner/Parent Evaluation

Questions should be answered YES or NO. The following answers indicate problematic responses that will suggest the need for Reading Plus and/or vision training.

1. Is student's level of academic achievement satisfactory for his/her age and/or grade?
NO
2. Has progress been satisfactory in reading?
NO
3. Has the student repeated any grade?
YES
4. Is the student interested in school?
NO
5. Does the student fatigue easily during reading and study tasks?
YES
6. Is there a tendency to study in spurts?
YES
7. Is there a tendency for the student to be easily distracted during reading?
YES
8. Does the students seem to be happy and well adjusted?
NO
9. Does the student attend school regularly?
NO
10. Does he/she squint, blink, close or cover one eye at either close or distant viewing tasks?
YES
11. During reading, is there a tendency to skip words, insert incorrect words or guess at words?
YES
12. Does the student use a finger frequently to keep his/her place during reading?
YES
13. Does the student frequently lose his/her place during reading?
YES
14. Is there a tendency to tilt the head during reading? Y
15. Does the student draw in closer than 10 inches when reading?
YES
16. Is there a tendency for one eye to turn in or out during reading?
YES
17. Is there considerable head movement during reading?
YES
18. Is there a tendency to vocalize during reading?
YES
19. Does the student develop red eyes or encrusted lids (exclusive of instances of infection)?
YES
20. Does the student complain frequently about reading and study tasks being too time consuming?