SELF-TEST FOR IRLEN SYNDROME

(ADAPTED FROM <u>WWW.IRLEN.COM</u> BY DONNA BOUVETTE)

Please fill out this form to help me understand some of the challenges being faced. If the client is for your child, parents please complete the form with their help.

Date:				
Name of client:			M F	
Date of Birth:	Age:	Grade: _		
Date of latest eye exam:				
Were corrective lenses prescr	ribed? Y N	Are they worn	regularly?	y N
Mailing Address:				
Phone: home				
Email address:				
This form completed by:				
Please briefly describe the cl	ient's academi	: history:		
Are there any physical reacti	ons that are a	ttributed to the	visual envi	ronment
Please explain how and why you referred? By whom? Wha		ng the Irlen scr	•	

Please indicate yes or no to each of the following questions. It is understood that there are varying degrees of discomfort and a range of times that some things occur but, for the purpose of this survey, if any of these circumstances ever occur, even rarely, please answer yes. During the interview there will be an opportunity to qualify some of the less frequent symptoms.

Is there light sensitivity?		No
Bothered by sunlight		0
Bothered by glare	0	0
Do you frequently wear sunglasses	0	0
Bothered by bright or fluorescent lights	0	0
Tired or drowsy under bright or fluorescent lights	0	0
Become anxious under bright or fluorescent lights	0	0
Get a headache or stomachache from bright or fluorescent lights		0
Feel antsy or fidgety under bright or fluorescent lights	0	0
Harder to listen under bright or fluorescent lights	0	0
Performance deteriorates under bright or fluorescent lights	0	0
Feel like there is not enough light when reading		0
Feel like there is too much light when reading		0
Read in dim light	0	0
Shade the page with your hand or body	0	0
Do you feel strain, fatigue, tired, or have headaches when: Reading	Yes	No O
Listening	0	0
Doing paper and pencil tasks	0	0
Working on the computer	0	0
Watching TV, movies, or live stage productions	0	0
Copying material	0	0
Doing math assignments	0	0
Playing video games	0	0
Writing long assignments	0	0
Doing visually intensive activities like needlepoint, sewing, cross stitching, crossword puzzles, woodworking, soldering, etc.	0	0
Working under bright or fluorescent lights	0	0
Looking at stripes, patterns, bright colors, and high contrast	\circ	0

Are these Attention/Concentration challenges in evidence?	Yes	No
Problems concentrating with reading or writing	0	0
Easily distracted when reading or writing	0	0
Easily distracted when listening	0	0
Easily distracted when taking tests	0	0
Daydreams in class or at lectures	0	0
Problems staying on task	0	0
Problems starting tasks	0	0
While reading or using a computer, do you:	Yes	No
Rub eyes	0	0
Move closer to or further away from print	0	0
Squint	0	0
Open eyes wide	0	0
Incorporate breaks	0	0
Change position to reduce glare	0	0
Close or cover one eye	0	0
Move head	0	0
Read word by word	0	0
Unable to speed read	0	0
What types of reading difficulties are being experienced?	Yes	No
Skip words or lines	0	0
Repeat or reread lines	0	
Read with breaks	0	0
Lose place	0	0
Read in a "stop and go" rhythm	0	0
Omit small words	0	0
Poor reading comprehension	0	0
Reading becomes harder the longer you read	0	0
Use your finger or marker to help keep your place	0	0
Avoid reading	0	0
Avoid reading for pleasure	0	0
Rereads for comprehension	0	0
Reversals of letters and/or numbers		0

Are these challenges experienced in printing or handwriting?	Yes	No
Write up or down hill	0	0
Unequal or no spacing between letters or words	0	0
Unequal letter size	0	0
Unable to write on the line	0	0
Leave out words, letters, or punctuation marks	0	0
Does copying (from book, chalkboard, whiteboard, or overhead) cause:	Yes	No
Loss of place	0	0
Words being missed or left out	0	0
Especially slow output	0	0
Incomplete work	0	0
Careless errors	0	0
Blink or squint	0	0
Difficulty refocusing	0	0
Difficulty copying things onto or off computer or typewriter	0	0
Independent composition and essay writing:	Yes	No
Is disorganized	0	0
Has problems with punctuation	0	0
Has problems proofreading	0	0
Leaves out letters or words	0	0
Writes without rereading	0	0
Do these challenges arise in Mathematics?	Yes	No
Misalign digits in number columns	0	0
Difficulty seeing numbers in the correct column	0	0
Sloppy or careless errors	0	0
Use finger, graph paper, or other marker when working with columns of numbers	0	0
Difficulty seeing signs, symbols, numbers, decimal points	0	0
Reversals of numbers	0	0
Does transportation/travel cause reaction?	Yes	No
Become drowsy as a passenger in a car	0	0
Bothered by glare on chrome or windows of a car in front	0	0
Motion sickness	0	0

Are these depth perception challenges present?		No
Difficulty getting on and off escalators	0	0
Clumsy	0	0
Bump into table edges or door jams	0	0
Difficulty walking up and/or down stairs	0	0
Difficulty judging distances	0	0
Drop or knock things over	0	0
Accident prone or have bruises on your shins	0	0
When walking next to someone, do you drift into the person	0	0
When walking, do you feel dizzy or light-headed		0
Afraid of heights	0	0
Is sports performance affected in the following ways?	Yes	No
Problems tracking a flying ball like golf, baseball, or tennis	0	0
Trouble following the ball when watching sports on TV such as tennis, football or basketball	0	0
When watching sports on TV, can you follow the ball but not see anything else	0	0
Trouble catching or hitting a ball	0	0
Difficulty playing pool	0	0
Difficulty hitting the ball when playing baseball or tennis	0	0
Trouble learning how to ride a bike	0	0
Trouble jumping rope? Jump in at the wrong time or jump into the rope	0	0
Trouble playing games such as volleyball or four square	0	0
On playground equipment such as rings or bars, was it hard to go from one to the other	0	0
If music instruction is attempted, do these behaviours occur?	Yes	No
Problems sight reading the notes	0	0
Prefer to memorize rather than read music	0	0
Prefer to play by ear	0	0
Use finger to track notes	0	0
Lose your place	0	0
Trouble reading the notes or notes and words together	0	0
Difficulty interpreting the music notations	0	0
Little progress in spite of regular practice	0	0
Ear fruther information contact: None Boundto Niceta / N	iaian	

For further information, contact: **Donna Bouvette** Director/Diagnostician

Irlen Centre Vancouver Island 250-713-2757 <u>donna@irlenvanisle.com</u>

When you have finished filling in the form, click the submit button to email it to me. Thank you!

