



1315 Lawrence Avenue East  
Toronto, ON M3A 3R3  
(416) 759-6060

Child's Full Name \_\_\_\_\_

Current Grade \_\_\_\_\_

Please check any of the boxes that apply to the child. Feel free to underline the statements that are of particular concern.

- |   |   |
|---|---|
| <input type="checkbox"/> Holds reading close  | <input type="checkbox"/> Poor general coordination                |
| <input type="checkbox"/> Distorted posture when reading   | <input type="checkbox"/> Skips words or rereads                   |
| <input type="checkbox"/> Holds reading further away   | <input type="checkbox"/> Reverses words/letters/numbers           |
| <input type="checkbox"/> Closes one eye while performing visual tasks   | <input type="checkbox"/> Moves lips while reading quietly         |
| <input type="checkbox"/> Moves head while reading   | <input type="checkbox"/> Tilts head while reading                 |
| <input type="checkbox"/> Excessive eye rubbing  | <input type="checkbox"/> Poor reading comprehension               |
| <input type="checkbox"/> Uses finger to follow words when reading   | <input type="checkbox"/> Poor speller                             |
| <input type="checkbox"/> Inability to see distance objects  | <input type="checkbox"/> Sloppy handwriting and drawing           |
| <input type="checkbox"/> Bumps into objects   | <input type="checkbox"/> Writes uphill or downhill                |
| <input type="checkbox"/> Poor copying skills  | <input type="checkbox"/> Avoids reading                           |
| <input type="checkbox"/> Difficulty sitting still (wiggles, rocks, bounces)   | <input type="checkbox"/> Leans on objects or people for stability |
| <input type="checkbox"/> Turns whole body to look at person or object   | <input type="checkbox"/> Reads slowly or with great effort        |
| <input type="checkbox"/> Frequently asks you to repeat what you have said   |   |
| <input type="checkbox"/> Unable to pay attention when other sounds are nearby   |   |
| <input type="checkbox"/> Needs visual cues to respond to verbal commands or requests                                  |   |
| <input type="checkbox"/> Fearful or hesitant when climbing, descending stairs (seeks hand railing or wall)            |   |
| <input type="checkbox"/> Props self on forearms for support while sitting to read, doing homework                     |   |
| <input type="checkbox"/> Difficulty finding objects in a complex background (toy on a messy floor or object in a bin) |   |
| <input type="checkbox"/> Lines drawn are too light, wobbly, too dark, breaks pencil often                             |   |
| <input type="checkbox"/> Difficulty with projected action sequences (catch a ball, kicking a moving ball)             |   |
| <input type="checkbox"/> Problems in construction and/or manipulation of materials                                    |   |

Please indicate any other information that you think may be useful below (i.e. Tutoring programs, special classes, medications, etc.).