**BAHAGIAN**

**PERKHIDMATAN BANTUAN KHUSUS SENSORI PENGLIHATAN**

**UNIT PENDIDIKAN KHAS, KEMENTERIAN PENDIDIKAN**

**Teacher’s checklist**

Teachers are good observers and the danger signs indicated on the following checklist describe conditions and behaviors which may indicate the child is experiencing a visual problem. If observation of clusters of these symptoms warrants further action, the school should report any concerns to the parents. Appropriate referrals may follow.

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| **Name of student :………………………………………………………………** |
| **Date of Birth : ……………………………………………………………..** |
| **BRUHIMS No : ……………………………………………………………..** |
| **Date : ……………………………………………………………...** |
| **Year : ………………………………………………………………** |

**(A) Appearance of eyes**

|  |  |
| --- | --- |
| 1. One eye turned in or out; |  |
| 2. Frequent blinking; |  |
| 3. Squints or screws up eyes; |  |
| 4. Red eyes or lids, crusting on lids; |  |
| 5. Frequent styes or infections; |  |
| 6. Excessive eye movements; and |  |
| 7. Excessive watering of eyes or light sensitivity. |  |

**(B) Behaviour**

|  |  |
| --- | --- |
| 8. Holds book very close; |  |
| 9. Avoids close work; |  |
| 10. Loses place when reading, skip lines; |  |
| 11. Omits words or make errors when reading or copying; |  |
| 12. Closes or covers one eye when reading or doing near work; |  |
| 13. Confuses similar words, fails to recognize same word in different context; |  |
| 14. Has a short attention span when reading or writing; |  |
| 15. Has a poor or unusual sitting posture when reading; |  |
| 16.Tilts head excessively to one side, up or down; |  |
| 17. Makes excessive head movement when reading; |  |
| 18. Squints or frowns to see blackboard clearly; |  |
| 19. Rubs eyes frequently; |  |
| 20. Thrusts head forward to see distant objects; |  |
| 21. Has an obvious tendency to favour one eye; |  |
| 22. Is nervous, irritable, tense or restless after maintaining visual concentration;  |  |
| 23. Makes errors in copying at near or from distance to near; |  |

**(C) Complaints**

|  |  |
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| 24. Headaches; |  |
| 25. Difficulty seeing clearly at distance; |  |
| 26. Blurring of vision while reading or writing; |  |
| 27. Seeing double; and |  |
| 28. Eye burning or itching during or after close work. |  |

Name of Teacher: ……………………………………………………………

Date Taken: …………………………………………………………………...

Checked by VI Officer:

Name:………………………………………………………………………….

Date: …………………………………………………………………………..

Evaluation: ……………………………………………………………………