

## VT Achievement Report

Patient's Name \_\_\_\_\_

Date of this report \_\_\_\_\_

Date of progress evaluation \_\_\_\_\_

At this point in your therapy program we want to see what changes you, your parents or others have noticed in the following areas. Your therapist will go over this checklist with you and help you fill it in at the therapy session before you get your progress exam from the doctor.

*Please check all areas where improvements have been noted.*

### READING

- Improved reading
- Increased interest in reading
- Improved reading comprehension
- Reading for longer periods
- Reading on his/her own
- Less loss of place while reading
- Smoother oral reading
- Reads for fun
- Less sleepiness when reading
- Words on page don't move around or run together

### EMOTIONAL & BEHAVIORAL

- Improved self confidence
- Improved positive attitude
- Improved self-esteem
- Improved concentration
- Improved attention span
- Happier
- Reduced frustration
- More relaxed
- Improved family relations
- Does not "fidget" as much
- Less tired or fatigued
- More outgoing
- Maintains eye contact
- Better memory (less forgetting of materials, misplacing things.)

### ACADEMIC CHANGES

- Better grades in school
- Better quality schoolwork
- Improved handwriting
- Fewer problems with homework
- Completes school work
- Better spelling
- Enjoying school work
- Easier time studying
- Fewer letter reversals

### OCULAR SYMPTOMS

- Fewer headaches
- Better control of eyes
- Improved distance vision
- Reduced blur at near
- Reduced or not double vision
- Reduced strain/hurting of eyes
- Improved depth perception
- Improved vision in a lazy eye
- Less dependence on glasses
- Eyes no longer water or tear
- Better peripheral vision

### CHANGES IN LOCALIZATION & NAVIGATION

- Less dizziness or nausea with near work
- Improved "behavior" at home/school
- Less clumsy (not tripping, falling, or bumping into things)
- Improvement in sports
- Better at computer games
- Easier driving

Please include any other comments relative to your vision therapy program:

*Thank you for taking the time to completely fill out the form.*