

## **FUNCTIONAL VISION OBSERVATION**

	Stud	lent Name	DOB School
Screened by:			Date:
YES	NO	CNT*	COMMENTS
		1.	Pupillary Reaction:
		2.	Blinks at shadow of hand:
		3.	Orients peripherally:
			Right:Left:
		4.	Fixates on 4" object:
			At 12 to 18 inches:
			At 10 feet:
		5.	Shifts Gaze:
		6.	Reaches on visual cue:
		7.	Tracks Horizontally:
			Tracks Vertically:
			Tracks Circularly:
		8.	Converges:
		9.	Picks up or Fixates:
		10.	Is there an eye preference? If YES Circle: RIGHT LEFT
dditional	informatio	n from reports a	nd observations which relates to functional vision.