Classroom Checklist

Please mark each behavior with a 1,2, or 3

***1**-Behavior not noted **2**-Behavior noticed **3**-Behavior is a concern*

Behavior	Before Therapy (current)	Post Therapy
Holds books very close		
Holds books at an extreme angle		
Covers one eye when reading		
Squints when reading		
Constant poor posture when reading		
Moves head instead of eyes when reading		
Poor attention span		
Reports seeing double or blurry		
Loses place when moving gaze from desk work to chalkboard		
Using a marker to keep their place when reading		
Writing uphill or downhill		
Reverses letters		
Omits letters		
Headaches after doing close-work		
Misaligns digits in columns of number		
Skips lines when reading		
Poor comprehension		
Rubbing eyes		
Excessive blinking		
Cannot visualize (can't describe what they have been reading)		
Avoids Reading		

Comments: