

## Special Visual Assessment Clinic: Visual Skills Survey

**Date completed:**

**Child's Name:**

**Date of birth:**

**School:**

**Parent/guardian/teacher:**

***Please circle appropriate  
response***

### **Spectacles**

Should your child wear spectacles? Yes/No

Does he/she wear them? always/sometimes/occasionally/never

### **Eye Patching**

Does your child wear a patch? Yes/No

If so, is it difficult to patch the eye? always/sometimes/occasionally/never

Do you understand why your child's eye is patched? Yes/No

### **Vision**

Does your child follow your movements around a room when you give him/her no sound clues?  
always/sometimes/occasionally/never

Does he/she react to you approaching him (without sound clues)?  
always/sometimes/occasionally/never

Does he/she react to a light being switched on? (Making sure there is no sound of the switch)?  
always/sometimes/occasionally/never

Does he/she screw up his eyes when taken into bright sunlight?  
always/sometimes/occasionally/never

Does he/she return your smile when you smile without any sound?  
always/sometimes/occasionally/never

Does your child reach for a drink bottle/cup when you hold it in front of him/her?  
always/sometimes/occasionally/never

Does he/she become excited but does not reach for the drink bottle/cup?  
always/sometimes/occasionally/never

**Curated by Ulster University Vision Resources:**

**Available to download at:** <http://biomed.science.ulster.ac.uk/vision/Visual-Skills-Inventories.html>

Used by the Special Visual Assessment Clinic, supported by Research funding from the Health & Social Care R&D Office, Northern Ireland.

## Ulster University Vision Resources

Short Visual Skills Questionnaire for Parents about their child

Is he/she aware of a spoonful of food coming towards his/her mouth? Yes/No

If yes do you think he/she sees it? Yes/No  
Smells it? Yes/No  
Or both? Yes/No

Is he/she aware of himself in a mirror? Yes/No

If yes at what distance: 6 feet? Yes/No  
4 feet? Yes/No  
3 feet? Yes/No  
2 feet? Yes/No  
1 foot? Yes/No  
Less? Yes/No

Does your child reach for a small bright noisy object? e.g. rattle, slinky.  
always/sometimes/occasionally/never

Does your child reach for a large bright noisy object?  
always/sometimes/occasionally/never

Does your child reach for a small bright silent object?  
always/sometimes/occasionally/never

Does your child reach for a large bright silent object?  
always/sometimes/occasionally/never

Does he/she see a large bright silent object e.g. a ball?  
always/sometimes/occasionally/never

If yes at what distance: 1 foot? Yes/No  
2 feet? Yes/No  
3 feet? Yes/No  
4 feet? Yes/No  
More? Yes/No

Does he/she see a small silent bright object e.g. ball?

If yes at what distance: 12 inches?  
6 inches?  
3 inches?  
Nearer?

Does your child's vision seem better in bright light?  
always/sometimes/occasionally/never

Dim light?  
always/sometimes/occasionally/never

Do you think you child knows and recognises you face?  
always/sometimes/occasionally/never

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Short Visual Skills Questionnaire for Parents about their child

Does he/she recognise other faces of familiar people?

always/sometimes/occasionally/never

***Thanks for completing this questionnaire and this will help us assess and discuss your child's vision with you at the clinic appointment.***

***If you wish to add anything else please do so below/overleaf.***

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