



HELLERSTEIN & BRENNER
VISION CENTER, P.C.

TRICIA BRENNER, O.D. • SHELBY RILEY, O.D. • SARA GRELL, O.D. • KYARA FARINELLA, O.D. • AMY OVERLAND, O.D.

PROGRESS EVALUATION QUESTIONNAIRE

Name _____

Date _____

Please take a few minutes to fill this out before your child's progress evaluation and bring it to your appointment. Your feedback is important to us and to the care of your child. Remember we need both you and your child at the evaluation.

Please check yes or no to indicate whether or not you have seen improvement in any of these areas that are applicable:

	Yes	No
Headaches	_____	_____
Blurriness	_____	_____
Fatigue	_____	_____
Double vision	_____	_____
Eyes Straight	_____	_____ More often _____
Red eyes	_____	_____

List any additional symptoms that you feel may be important to this exam.

Have you gotten any feedback from teachers/coaches/other professionals?

Has your child been willing to try any tasks that were once difficult or threatening?

At Home:	Has behavior improved?	Yes _____	No _____
	Has attention span improved?	Yes _____	No _____
	Following instructions better?	Yes _____	No _____

At School:	Has writing improved (sizing, spacing, etc)?	Yes _____	No _____
	Has reading improved (fluency, loss of place, accuracy, etc)?	Yes _____	No _____
	Has comprehension improved?	Yes _____	No _____
	Has your child's attitude toward other students, teachers, authority figures changed?	Yes _____	No _____



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List changes you have noticed in:

Sports and physical activities

Gross motor skills (running, jumping, skipping, balance, etc):

Fine motor skills (writing, coloring, cutting, etc):

How are you feeling about the changes seen in your child's progress at this time?

How is your (the patient) over all general health? Excellent___ Good___ Fair___ Poor___

Medications/Vitamins/Supplements: _____

Allergies: _____

Does the patient (Circle those that apply) Smoke _____ Use Recreational Drugs _____

Health Issues: Diabetes___ High Blood Pressure___ Hormone Replacement___ Thyroid___

Neurologic disorders___ Any other eye Disease___

Thank you.

Date of appointment_____ Time_____

It's time for your progress evaluation! Your child should be re-evaluated by their doctor after every 8 to 10 vision therapy sessions. This progress evaluation is important in monitoring the progress made in vision therapy, assess the need for glasses or changes of glasses, and answer questions you might have. Please schedule your progress evaluation at the front desk as soon as possible.

NOTE: Please be sure to bring your child with you to the progress evaluation.