Name _____

Date _____

The Academic Behavior Survey

Circle your answers to the items below as it relates your child's behavior in the most recent month of school.

0= Never 1= infrequently 2= sometimes 3= frequently 4= mostly always/always

1. How often does your child have difficulty completing assignments at school.	0	1	2	3	4
2. How often does your child have difficulty completing homework in a reasonable time frame.	0	1	2	3	4
3. How often does your child avoid or say he/she doesn't want to do tasks that require reading or other close work.	0	1	2	3	4
4. How often does your child fail to give attention to details or make careless mistakes in school work or homework.	0	1	2	3	4
5. How often does your child appear inattentive or easily distracted during reading or other close work.	0	1	2	3	4
6. How often does do you worry about your child's school performance.	0	1	2	3	4
Point Total for Each Column	___	___	___	___	___
Point Total for All Columns	_____				

Scores >/= 12 are clinically significant and are likely evident of a binocular vision deficit. Referral should be made for a vision therapy assessment to determine if an educational vision impairment exists.