**SELF-TEST FOR IRLEN SYNDROME (SPD)**

**(**[**www.AOTSS.com**](http://www.AOTSS.com)**)**

**Scan and email this for to** **info@aotss.com** **or FAX to 443-460-2275**

Please fill out this form. Parents, please complete this form in cooperation with your child.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_

***CHARACTERISTIC \_\_\_\_ADULT CLIENT \_\_\_\_/\_\_\_\_CHILD/AGE \_\_\_\_\_PARENT***

***Please Circle Answer (Parents or Caregivers may provide additional feedback when NO or ?)***

***Are you light sensitive?***

 Bothered by sunlight Yes No ? Y

 Bothered by glare Yes No ? Y

 Frequently wear sunglasses Yes No ? Y

 Bothered by bright or fluorescent lights Yes No ? Y

 Tired or drowsy under bright or fluorescent lights Yes No ? Y

 Becomes anxious under bright or fluorescent lights Yes No ? Y

 Get headaches/stomachaches from bright or fluorescent lights Yes No ? Y

 Feels antsy or fidgety under bright or fluorescent lights Yes No ? Y

 Difficulty listening when under bright or fluorescent? Yes No ? Y

 Performance deteriorate under bright/fluorescent lights Yes No ? Y

Feels like there is not enough light when reading Yes No ? Y

 Fees like there is too much light when reading Yes No ? Y

 Prefers to read in a dim light or dark room Yes No ? Y

 Uses finger, ruler, or marker to block out lines or parts of the page Yes No ? Y

 Shade the page with your hand or body when reading Yes No ? Y

Bothered by glare on your computer monitor or phone Yes No ? Y

 One eye is more sensitive to light then the other eye Yes No ? Y

 Neurological tics are worse under bright or fluorescent lights Yes No ? Y

Additional comments:

***Problems when reading text or using a computer monitor:***

 Skips words or lines Yes No ? Y

 Repeats or rereads lines Yes No ? Y

 Read for less than one hour Yes No ? Y

 Lose place Yes No ? Y

 Read in a “stop and go” rhythm aloud or word for word Yes No ? Y

 Omit small words Yes No ? Y

 Substitutes words or guesses Yes No ? Y

 Problem understanding what you read Yes No ? Y

Rereads what you read to understand Yes No ? Y

Reading becomes harder the longer you read Yes No ? Y

 Avoids reading Yes No ? Y

 Avoids reading for pleasure Yes No ? Y Reverses letters and/or numbers Yes No ? Y

 Misreads words or numbers Yes No ? Y

 Takes longer to read then others in class Yes No ? Y

 Takes longer to complete assignments then others Yes No ? Y

 Takes frequent breaks while reading Yes No ? Y

 Reading is easier at home or in a quiet space Yes No ? Y

 Reads very slowly Yes No ? Y

 Squints or opens eyes wide when reading Yes No ? Y

 Rubs eyes when reading Yes No ? Y

 Sees more clearly with one eye over the other Yes No ? Y

 Closes or covers one eye during reading Yes No ? Y

 Holds head too close/far away to book or computer screen Yes No ? Y

 Poor posture or tilts body when reading Yes No ? Y

 Changes position to reduce glare Yes No ? Y

 Headaches after reading or computer work Yes No ? Y

 Double vision when reading Yes No ? Y

 Blurry letters even with RX glasses and gets worse as you read Yes No ? Y

 Letters/numbers have halos, shake, move, reverse, vibrate, or shift Yes No ? Y

 Page or letters glitter, glow, float, jump, pulse, or swim Yes No ? Y

 Lines or words run together, or white spaces are distracting Yes No ? Y

 Letters, numbers or lines disappear and comeback Yes No ? Y

 Problems with directionality Yes No ? Y

 Gets nauseous or carsick when reading or working at computer Yes No ? Y

 Rub your eyes Yes No ? Y

 Unable to speed read Yes No ? Y

Additional comments:

***Do you feel strain, fatigue, tired, or have headaches when?***

 Reading Yes No ? Y

 Listening Yes No ? Y

 Writing Yes No ? Y

 Working on the computer Yes No ? Y

 Copying from a book Yes No ? Y

 Copying from a PowerPoint or black/whiteboard Yes No ? Y

 Writing essays or long assignments Yes No ? Y

 Calculation or completing math assignments Yes No ? Y

 Watching TV, movies Yes No ? Y

 Playing video games Yes No ? Y

 Doing visually-intensive activities like needlepoint, sewing,

 cross stitching, crossword puzzles, woodworking, soldering, etc. Yes No ? Y

 Working under bright or fluorescent lights Yes No ? Y

 Looking at stripes, patterns, bright colors, and high contrast Yes No ? Y

***Attention/Concentration:***

 Problems concentrating with reading or writing Yes No ? Y

 Problems maintaining focus Yes No ? Y

 Easily distracted when reading or writing Yes No ? Y

 Easily distracted when listening Yes No ? Y

 Response is delayed during class participation or conversation Yes No ? Y

 Easily distracted when taking tests Yes No ? Y

 Distracted by environmental sounds (HVAC, people, etc. Yes No ? Y

 Bothered by clothing texture and tightness Yes No ? Y

 Daydreams in class or at lectures or loses awareness Yes No ? Y

 Problems staying on task Yes No ? Y

 Problems starting tasks Yes No ? Y

 Difficulty with scantron answer sheets Yes No ? Y

 Diagnosed/medication for ADD or ADHD Yes No ? Y

 Confuses right and left and following directions Yes No ? Y

 Difficulty following verbal directions Yes No ? Y

 Understanding increases with 1 or more sensory system is used Yes No ? Y

 Types of Learning Styles: visual, auditory, tactile/kinesthetic, olfactory, taste, movement

 (circle one)

Additional Comments:

***Problems with Handwriting:***

 Writes up or down hill Yes No ? Y

 Unequal or no spacing between letters or words Yes No ? Y

 Unequal letter size Yes No ? Y

 Unable to write on the line or designated area (above/below) Yes No ? Y

 Incorrect or inefficient letter formation Yes No ? Y

 Needs to verbalize what is being written Yes No ? Y

 Leaves out words, letters, or punctuation marks Yes No ? Y

 Inconsistent letter formation and legibility Yes No ? Y

 Misaligns lines or paragraphs Yes No ? Y

 Reverses letters or words Yes No ? Y

 Avoids writing Yes No ? Y

 Poor posture while writing Yes No ? Y

 Inconsistent writing hand (lacks dominance) Yes No ? Y

 Poor or inefficient grasp of writing implement Yes No ? Y

 Inconsistently or does not stabilize paper while writing Yes No ? Y

 Becomes tired when writing, muscle fatigue Yes No ? Y

 Hand hurts when writing Yes No ? Y

 Writes too big or small relative to others of same age Yes No ? Y

 Becomes fidgety or restless when writing Yes No ? Y

 Prefers to print when writing Yes No ? Y

 Unable to write or read cursive writing Yes No ? Y

 Prefers to use the keyboard instead f handwriting Yes No ? Y

 Complains of glare when writing on white paper Yes No ? Y

***Copying:***

 Lose place (book, chalkboard, whiteboard, overhead) Yes No ? Y

 Leave out words (book, chalkboard, whiteboard, overhead) Yes No ? Y

 Slow (book, chalkboard, whiteboard, overhead) Yes No ? Y

 Incomplete (book, chalkboard, whiteboard, overhead) Yes No ? Y

 Careless errors (book, chalkboard, whiteboard, overhead) Yes No ? Y

 Blink or squint (book, chalkboard, whiteboard, overhead? Yes No ? Y

 Difficulty refocusing Yes No ? Y

 Difficulty copying things onto or off computer or PowerPoint Yes No ? Y

Additional Comments:

***Composition/Essay Writing:***

 **Disorganized** Yes No **? Y**

 Problems with punctuation Yes No ? Y

 Problems proofreading Yes No ? Y

 Leaves out letters or words Yes No ? Y

 Does not understand or remember what is written Yes No ? Y

Additional Comments:

***Mathematics:***

 Misalign digits in number columns Yes No ? Y

 Difficulty seeing numbers in the correct column Yes No ? Y

 Sloppy or careless errors Yes No ? Y

 Use finger, graph paper, or other marker when working

 with columns of numbers Yes No ? Y

 Difficulty seeing signs, symbols, numbers, decimal points Yes No ? Y

 Reversals of numbers Yes No ? Y

Additional Comments:

***Music:***

 Problems sight reading the notes Yes No ? Y

 Prefer to memorize rather than read music Yes No ? Y

 Prefer to play by ear Yes No ? Y

 Use finger to track notes Yes No ? Y

 Lose your place Yes No ? Y

 Trouble reading the notes or notes and words together Yes No ? Y

 Difficulty interpreting the music notations Yes No ? Y

 Little progress in spite of regular practice Yes No ? Y

Additional Comments:

***Depth Perception:***

 Difficulty getting on and off escalators Yes No ? Y

 Clumsy Yes No ? Y

 Bump into table edges or door jams Yes No ? Y

 Difficulty walking up and/or downstairs Yes No ? Y

 Difficulty judging distances Yes No ? Y

 Drop or knock things over Yes No ? Y

 As a child, accident prone or have bruises on your shins Yes No ? Y

 When walking next to someone, do you drift into the person Yes No ? Y

 When walking, do you feel dizzy or lightheaded Yes No ? Y

 Difficulty getting on or off moving objects Yes No ? Y

Additional Comments:

***Driving:***

 Difficulty parallel parking Yes No ? Y

Do you feel like you will hit the car in front when parking Yes No ? Y

 When parking, do you hit the curb or leave too much space Yes No ? Y

 Difficulty judging when to turn in front of oncoming traffic Yes No ? Y

Uncertain about making lane changes Yes No ? Y

Extra cautious when making lane changes Yes No ? Y

 Are the passengers tense when you make lane changes Yes No ? Y

 Do passengers tell you that you tailgate Yes No ? Y

Are you overly cautious, leaving extra room between you and

 the car ahead Yes No ? Y

Additional Comments:

***Sports Performance:***

 Problems tracking a flying ball like golf, baseball, or tennis Yes No ? Y

 Trouble following the ball when watching sports on TV

 such as tennis, football or basketball Yes No ? Y

When watching sports on TV, can you follow the ball but not

 see anything else Yes No ? Y

Trouble catching or hitting a ball Yes No ? Y

Difficulty playing pool Yes No ? Y

Difficulty hitting the ball when playing baseball or tennis Yes No ? Y

Trouble learning how to ride a bike Yes No ? Y

Trouble jumping rope? Jump in at the wrong time or jump

 into the rope Yes No ? Y

Trouble playing games such as volleyball or four square Yes No ? Y

On playground equipment such as rings or bars, was it hard

 to go from one to the other Yes No ? Y

Additional Comments:

***Fatigue While in A Car:***

 As a passenger, do you become drowsy Yes No ? Y

 When driving, do you become drowsy Yes No ? Y

 Bothered by glare on the chrome on cars Yes No ? Y

Bothered by glare off the rear window of the car in front of you Yes No ? Y

Bothered by headlights and streetlights at night Yes No ? Y

 Avoid driving at night Yes No ? Y

 Have night blindness Yes No ? Y

 Bothered by taillights on cars Yes No ? Y

 Bothered by red/green traffic lights Yes No ? Y

 Stressful to drive in the rain (glare) Yes No ? Y

Additional Comments:

DATE OF LAST EYE EXAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any of the following support services (circle the appropriate ones)?

 Past: OT, PT, TUTORING, COUSELING, THERAPY, VISION THERAPY

 Present: : OT, PT, TUTORING, COUSELING, THERAPY, VISION THERAPY

If you answered yes to three or more of these questions in any one of the above sections, then you might be experiencing the effects of a perception problem called Irlen Syndrome/ Scotopic Sensitivity. *If a category is not applicable to your situation or issues: cross it out and mark N/A . Please send as a printable document either by email or fax. No photos or poor scans with background.*

**For further information, contact:**

**Shoshana Shamberg OTR, MS, Irlen Diagnostician**

**Abilities OT & Irlen Diagnostic Center**

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