

Leverage Educational Irlen Self-Test

LEVERAGE.EDSERVICES@GMAIL.COM

If possible, please complete on the computer, underline answers (do not highlight), and return as an attachment. If you need to print it and handwrite answers, then please scan and return OR just bring it to the appointment. If some questions cannot be answered, leave them blank.

Client Name _____ Age ____ Grade ____ Date _____

Address _____

Email: _____ Phone _____

Job/School: _____ Public / Private / Home School

Completed by _____

PLEASE WATCH the “See Sample Distortions” video at Irlen.com. For each distortion, pause the video and ask, “When reading in a book, do words ever move like this/look like this?” If yes, then please list it/them here:

Vision History:

Date of the most recent exam: _____ Are prescription lenses worn? yes / no

When first prescribed? _____ For: Reading/Distance/Progressives/Bifocals

Are glasses worn regularly? _____ If not, why?

Do you suffer from headaches and/or migraines? If yes, how often? _____

Have you had a head injury, concussion, or whiplash? If yes, how many? _____

CHARACTERISTICS

Please Circle Answer

Are you light sensitive?

Bothered by sunlight	Yes	No	?
Bothered by glare	Yes	No	?
Bothered by bright or LED/fluorescent lights	Yes	No	?
Tired or drowsy under bright or LED/fluorescent lights	Yes	No	?
Become anxious under bright or LED/fluorescent lights	Yes	No	?
Get a headache from bright or LED/fluorescent lights	Yes	No	?
Feel antsy or fidgety under bright or LED/fluorescent lights	Yes	No	?
Performance deteriorates under bright or LED/fluorescent lights	Yes	No	?
Feel like there is not enough light when reading	Yes	No	?
Feel like there is too much light when reading	Yes	No	?
Read in dim light	Yes	No	?
Use fingers or other marker to block out part of the page	Yes	No	?
Shade the page with your hand or body	Yes	No	?

Types of reading difficulties:

Skip words or lines	Yes	No	?
Lose place	Yes	No	?
Omit small words	Yes	No	?
Ignore punctuation marks	Yes	No	?
Repeat or reread lines	Yes	No	?
Avoid reading	Yes	No	?
Avoid reading for pleasure	Yes	No	?
Read in a "stop and go" rhythm	Yes	No	?
Poor reading comprehension	Yes	No	?
Read progressively worse as reading continues	Yes	No	?
Read for less than one hour	Yes	No	?
How long can you read before being bothered by anything— distractions, words moving, glare...? _____ minutes			

While reading OR using a computer, do you:

Rub eyes	Yes	No	?
Open eyes wide	Yes	No	?
Squint	Yes	No	?
Move closer to or further away	Yes	No	?
Take breaks	Yes	No	?
Move around to reduce glare	Yes	No	?
Close or cover one eye	Yes	No	?
Move head	Yes	No	?
Read word by word	Yes	No	?
Unable to skim or speed read	Yes	No	?

Do you feel strain, fatigue, tired, or have headaches when:

Reading	Yes	No	?
Listening	Yes	No	?
Doing paper and pencil tasks	Yes	No	?
Working on the computer	Yes	No	?
Watching TV or movies	Yes	No	?
Copying material	Yes	No	?
Doing math assignments	Yes	No	?
Playing video games	Yes	No	?
Writing long assignments	Yes	No	?
Doing visually-intensive activities like sewing, crossword puzzles, etc	Yes	No	?
Working under bright or LED/fluorescent lights	Yes	No	?
Looking at stripes, patterns, bright colors, and high contrast	Yes	No	?

Handwriting:

Right / Left / Mixed dominance? Easier to print, write in cursive, or type?			
Write up or down hill	Yes	No	?
Unequal or no spacing between letters or words	Yes	No	?
Unequal letter size	Yes	No	?
Unable to write on the line	Yes	No	?
Heavy pressure	Yes	No	?

Attention/Concentration:

Problems concentrating with reading or writing	Yes	No	?
Easily distracted when reading or writing	Yes	No	?
Easily distracted when listening	Yes	No	?
Easily distracted when taking tests	Yes	No	?
Daydreams in class	Yes	No	?
Problems staying on task	Yes	No	?
Problems starting tasks	Yes	No	?
Difficulty with Scantron answer sheets (standardized tests)	Yes	No	?

Copying:

Lose place (book, chalkboard, whiteboard, overhead)	Yes	No	?
Leave out words (book, chalkboard, whiteboard, overhead)	Yes	No	?
Slow (book, chalkboard, whiteboard, overhead)	Yes	No	?
Incomplete (book, chalkboard, whiteboard, overhead)	Yes	No	?
Careless errors (book, chalkboard, whiteboard, overhead)	Yes	No	?
Blink or squint (book, chalkboard, whiteboard, overhead?)	Yes	No	?
Difficulty refocusing	Yes	No	?
Difficulty copying things onto computer or typewriter	Yes	No	?

Composition/Essay Writing:

Disorganized	Yes	No	?
Problems with punctuation	Yes	No	?
Problems proofreading	Yes	No	?
Leave out letters, words, or punctuation marks	Yes	No	?
Write without rereading	Yes	No	?
Struggles with spelling	Yes	No	?

Mathematics:

Misalign digits in number columns	Yes	No	?
Difficulty seeing numbers in the correct column	Yes	No	?
Sloppy or careless errors	Yes	No	?
Use finger, graph paper, or other marker when working with columns of numbers	Yes	No	?
Difficulty seeing signs, symbols, numbers, decimal points	Yes	No	?
Reversals of numbers	Yes	No	?
Do math in head to avoid writing out the problem	Yes	No	?

Music:

Difficulty sight reading the notes	Yes	No	?
Prefer to memorize rather than read music	Yes	No	?
Prefer to play by ear	Yes	No	?
Use finger to track notes	Yes	No	?
Lose your place	Yes	No	?
Trouble reading the notes	Yes	No	?
Difficulty interpreting the music notations	Yes	No	?
Little progress in spite of regular practice	Yes	No	?

Depth Perception:

Difficulty getting on and off escalators	Yes	No	?
Clumsy	Yes	No	?
Bump into table edges or door jams	Yes	No	?
Difficulty walking up and/or down stairs	Yes	No	?
Difficulty judging distances	Yes	No	?
Drop or knock things over	Yes	No	?
As a child, accident prone or have bruises on your shins	Yes	No	?
When walking next to someone, do you drift into the person	Yes	No	?
When walking, do you feel dizzy or lightheaded	Yes	No	?
Difficulty getting on or off moving objects	Yes	No	?

Driving:

Difficulty parallel parking	Yes	No	?
Do you feel like you will hit the car in front when parking	Yes	No	?
When parking, do you hit the curb or leave too much space	Yes	No	?
Difficulty judging when to turn in front of oncoming traffic	Yes	No	?
Uncertain about making lane changes	Yes	No	?
Extra cautious when making lane changes	Yes	No	?
Are the passengers tense when you make lane changes	Yes	No	?
Do passengers tell you that you tailgate	Yes	No	?
Are you overly cautious, leaving extra room between you and the car ahead	Yes	No	?

Sports Performance:

Problems tracking a flying ball like golf, baseball, or tennis	Yes	No	?
Trouble following the ball when watching sports on TV	Yes	No	?
When watching sports on TV, can you follow the ball but not see anything else	Yes	No	?
Difficulty playing pool	Yes	No	?
Difficulty hitting the ball when playing baseball or tennis	Yes	No	?
Trouble learning how to ride a bike	Yes	No	?
Trouble jumping rope? Jump in at the wrong time or jump into the rope	Yes	No	?
Trouble playing games such as volleyball or four-square	Yes	No	?
On playground equipment such as rings or bars, was it hard to go from one to the other	Yes	No	?

Fatigue While In A Car:

As a passenger, do you become drowsy	Yes	No	?
When driving, do you become drowsy	Yes	No	?
Bothered by chrome on cars	Yes	No	?
Bothered by glare off the windshield of the car in front of you	Yes	No	?
Bothered by headlights and streetlights	Yes	No	?
Avoid driving at night	Yes	No	?
Have night blindness	Yes	No	?