QUEST ACADEMICS
Irlen Assessment

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This form needs to be saved, SAVE AS and a file name made for it. Then you can return it as an attachment. It is easiest to click in the frame for yes/no questions, not in the tiny box. If you need to print it and handwrite answers, then please scan and return via email.

Patient Information							
Client Name:		Age:		Grade:			
Address:		City:		State:		Zip:	
Email:				Phone:			
Job/School:		School Type: *(Public, Private, Homeschool)*					
Form Completed By:		Relationship:					

Irlen Video Assessment

Please watch **"Sample Distortions"** video, click **https://youtu.be/FARizLljRkc**

For each distortion, pause the video and ask patient, **"When reading a book, do words ever move or appear like this?"**

VISUAL	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Blurry	☐	☐	☐	☐	☐
Floating	☐	☐	☐	☐	☐
Halo	☐	☐	☐	☐	☐
Ripple	☐	☐	☐	☐	☐
Rivers	☐	☐	☐	☐	☐
Seesaws	☐	☐	☐	☐	☐
Shakey	☐	☐	☐	☐	☐
Star Wars	☐	☐	☐	☐	☐
Swirl	☐	☐	☐	☐	☐
Washout	☐	☐	☐	☐	☐
Wavy	☐	☐	☐	☐	☐
Other—Describe:					

Vision History		
Date of most recent eye exam:		
Date lenses first prescribed:		
Types of lenses prescribed?	☐ Reading ☐ Progressives ☐ Distance ☐ Bifocals	
Are glasses worn regularly?	☐ Yes ☐ No	If no, why not?
Do you suffer from headaches and/or migraines?	☐ Yes ☐ No	If yes, how often?
Have you had a head injury, concussion, or whiplash?	☐ Yes ☐ No	If yes, how many?

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

While reading OR using a computer, do you	Yes	No	Unsure
Rub eyes	☐	☐	☐
Open eyes wide	☐	☐	☐
Squint	☐	☐	☐
Move closer to or further away	☐	☐	☐
Take breaks	☐	☐	☐
Move around to reduce glare	☐	☐	☐
Close or cover one eye	☐	☐	☐
Move head	☐	☐	☐

Read word by word	☐	☐	☐
Unable to skim	☐	☐	☐

Types of reading difficulties	**Yes**	**No**	**Unsure**
Skip words or lines	☐	☐	☐
Lose place	☐	☐	☐
Omit small words	☐	☐	☐
Ignore punctuation marks	☐	☐	☐
Repeat or reread lines	☐	☐	☐
Avoid reading	☐	☐	☐
Avoid reading for pleasure	☐	☐	☐
Read in a “stop and go” rhythm	☐	☐	☐
Poor reading comprehension or retention	☐	☐	☐
Read progressively worse as reading continues	☐	☐	☐
Read for less than one hour	☐	☐	☐
How long can you read before being bothered by anything such as distractions, words moving, or glare?		Mins	

Do you feel strain, fatigue, tired, or have headaches when	**Yes**	**No**	**Unsure**
Reading	☐	☐	☐
Listening	☐	☐	☐
Doing paper and pencil tasks	☐	☐	☐
Working on the computer	☐	☐	☐
Watching TV or movies	☐	☐	☐
Copying material	☐	☐	☐
Doing math assignments	☐	☐	☐
Playing video games	☐	☐	☐
Writing long assignments	☐	☐	☐
Doing visually-intensive activities like sewing, crossword puzzles, etc.	☐	☐	☐
Looking at stripes, patterns, bright colors, and high contrast	☐	☐	☐

Handwriting			Yes	No	Yes
Write up or down hill			☐	☐	☐
Unequal or no spacing between letters or words			☐	☐	☐
Unequal letter size			☐	☐	☐
Unable to write on the line			☐	☐	☐
Heavy hand pressure			☐	☐	☐
Hand Dominance:	☐ Right-handed	☐ Left-handed	☐ Mixed dominance		
Writing preference:	☐ Print	☐ Cursive	☐ Type		

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

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

Composition / Essay Writing	Yes	No	Unsure
Disorganized	☐	☐	☐
Problems with punctuation	☐	☐	☐
Problems proofreading	☐	☐	☐
Leave out letters, words, or punctuation marks	☐	☐	☐
Write without rereading	☐	☐	☐
Struggles with spelling	☐	☐	☐

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

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

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

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

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

Sports Performance	Yes	No	Unsure
Problems tracking a flying ball like golf, baseball, or tennis	☐	☐	☐
Trouble following the ball when watching sports on TV	☐	☐	☐
Watching sports on TV, can you follow the ball but not see anything else	☐	☐	☐
Difficulty playing pool/billiards	☐	☐	☐
Difficulty hitting the ball when playing baseball or tennis	☐	☐	☐
Trouble learning how to ride a bike	☐	☐	☐
Trouble jumping rope - Jump in at the wrong time or jump into the rope	☐	☐	☐
Trouble playing games such as volleyball or four-square	☐	☐	☐
Difficulty going from one bar/ring to the other on playground equipment	☐	☐	☐

If you answered **YES** to **three or more** of the questions in any one of the above sections, then you might be experiencing the effects of a perception problem called Scotopic Sensitivity/Irlen Syndrome.

What are your concerns? Wish list of things that you hope can change or be made better or easier?	
1.	
2.	
3.	

Educational History	
1.	When did you first notice a problem and what has happened since?
2.	Has reading always been a problem?

Special Assistance			
Therapy	**Date started**	**Length of time**	**Results**
Speech/Language Therapy			
Vision Therapy			
Tutoring/Remedial Instruction			
Special Education			
Remedial Reading			
Counseling			
ADHD Medication Name			

Physical History	**Yes**	**No**	**Unsure**
Any difficulties with the pregnancy or birth? If yes, explain below.	☐	☐	☐
Any **serious illnesses** and/or a history of **high fevers**? If yes, explain below.	☐	☐	☐
Any medication(s)?	☐	☐	☐
If yes, what medication(s) and for what purpose? Explain:			
Has there been an exposure to lead, molds, heavy metals, or chemicals?	☐	☐	☐
Struggle going to sleep or getting up in the morning?	☐	☐	☐
History of ear Infections?	☐	☐	☐
Did ear infections affect speech or language development?	☐	☐	☐
Do you have allergies or environmental allergies?	☐	☐	☐
Are there any allergies or sensitivities to food additives, preservatives, or food dyes? If yes, answer question below.	☐	☐	☐
Does exposure to food allergies cause any of the following symptoms: *(check all that apply)*			
☐ Problems concentrating ☐ Anger ☐ Stomach ache ☐ Light headed			
☐ Sitting still ☐ Depression ☐ Lethargy or fatigue ☐ Headache			

Sports Ability	
Ability with sports?	☐ Weak ☐ Average ☐ Strong
Any difficulties with any of the following? *(Check all that apply)*	☐ Catching small balls ☐ Hitting balls ☐ Playing tennis ☐ Skate boarding ☐ Bike riding ☐ None
What sports are enjoyed?	

Audiological History	**Yes**	**No**	**Unsure**
Any Hearing Problems? If so, please explain below.	☐	☐	☐
Exam Date:			

Language Development	
Language developed?	☐ Early ☐ On Time ☐ Delayed
Do you or your child have any problems with self-expression?	☐ Yes ■ No
If yes, please explain:	

Listening Skills ***(Ask questions of child and/or parent)***	**Yes**	**No**	**Unsure**
When people talk, do they sound mumbled?	☐	☐	☐
Do you often ask people to repeat themselves?	☐	☐	☐
Do you frequently say **"what"**, **"huh,"** or **"what did you say?**"	☐	☐	☐
Are you easily distracted or do you daydream in class/lectures/meetings?	☐	☐	☐
Is it difficult to follow and participate in conversations in a restaurant?	☐	☐	☐
Do you turn up the volume (make it louder) when watching TV?	☐	☐	☐
Do you find it hard to hear on the telephone?	☐	☐	☐
Is it harder to hear with background noise?	☐	☐	☐
Is it hard to listen and take notes simultaneously?	☐	☐	☐
When tired, is it hard to concentrate or follow what people say?	☐	☐	☐
Are you bothered by loud noise or a lot of noise?	☐	☐	☐