



## VT ACHIEVEMENT REPORT

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of this report

At this point in your therapy program we want to see what changes you, your parents or others have noticed in the following areas. Your therapist will go over this checklist with you and help you fill it in at a therapy session before you get your progress exam from the doctor.

*Please check all areas where improvements have been noted.*

### READING

1. Improved reading
2. Increased interest in reading
3. Improved reading comprehension
4. Reading for longer periods
5. Reading on his/her own
6. Less loss of place while reading
7. Smoother oral reading
8. Reads for fun
9. Words on page don't move around or run together
10. Less sleepiness when reading

### ACADEMIC CHANGES

1. Better grades in school
2. Better quality schoolwork
3. Improved handwriting
4. Fewer problems with homework
5. Completes school work
6. Better spelling
7. Better math
8. Enjoying school more
9. Easier time studying
10. Fewer letter reversals

### OCULAR SYMPTOMS

1. Fewer headaches
2. Better control of eyes
3. Improved distance vision
4. Reduced blur at near
5. Reduced or no double vision
6. Reduced strain/hurting of eyes
7. Improved depth perception
8. Improved vision in a lazy eye
9. Less dependence on glasses
10. Eyes no longer water or tear
11. Better peripheral vision

### EMOTIONAL & BEHAVIORAL CHANGES

1. Improved self confidence
2. Improved or more positive attitude
3. Improved self-esteem
4. Improved concentration
5. Improved attention span
6. Happier
7. Reduced frustration

8. Improved "behavior" at home/school
9. Better memory (less forgetting of materials, misplacing things, etc.)
10. More relaxed
11. Improved family relations
12. Doesn't "fidget" as much
13. Less tired or fatigued
14. More outgoing
15. Maintains eye contact

### CHANGES IN LOCALIZATION & NAVIGATION

1. Improvement in sports
2. Less clumsy (not tripping, falling, or bumping into things)
3. Easier driving
4. Better at video games
5. Less dizziness or nausea with near work



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Please include any other comments relative to your vision therapy program:

*Thank you for taking the time to completely fill out the form.*

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