

# Binocular Disorder Questionnaire



Office of Special Education  
Division of Prekindergarten, Special Programs and Related Services  
Deaf and Hard of Hearing (DHOH)/Vision Program  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
850 Hungerford Drive, Rockville, Maryland 20850

**MCPS Form 272-7A**  
**March 2018**  
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**INSTRUCTIONS:** Following receipt of a private medical report with a diagnosis of a binocular disorder such as Convergence Insufficiency, please complete the following questionnaire. Send to the DHOH/Vision Program, English Manor site, fax to 240-740-1804, or via e-mail to: [DHOHVision@mcpsmd.org](mailto:DHOHVision@mcpsmd.org)

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Member Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS. IF THE ANSWER IS YES, PLEASE DESCRIBE.**

Does the student wear glasses?  Yes  No

Does the student show signs of visual stress or fatigue (e.g. moving closer to material, rubbing eyes, unusual head tilt, squints)?  Yes  No

Does the student complain of headaches?  Yes  No

Does the student have difficulty seeing maps, charts, or the Promethean Board at a distance (e.g., squints, asks to sit in the front row)?  Yes  No

Does the student have difficulty copying from the board?  Yes  No

Does the student have difficulty maintaining visual attention during a lesson?  Yes  No

Does the student exhibit difficulties with near-reading materials such as maps, illustrations, or math tools (e.g., squints, puts head closer to materials)?  Yes  No

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS. IF THE ANSWER IS YES, PLEASE DESCRIBE.**

**ACADEMIC TASKS**

Provide a description of the student's reading ability, including reading fluency.

When reading, does the student skip lines/words?  Yes  No

When writing, does the student have difficulty staying on or within the lines?  Yes  No

Does the student have difficulty completing assignments in a reasonable amount of time?  Yes  No

Does the student misalign digits when completing a math worksheet?  Yes  No

**OTHER**

Does the student have difficulty estimating distances (e.g., walking up or down stairs or stepping up onto a curb) or have difficulty navigating playground equipment?  Yes  No

Is the student's work commensurate with peers? If NO, please indicate areas of difficulty, if not included above.  Yes  No

Does the student have difficulty visually accessing technology (desktop computer or Chromebook)?  Yes  No

Describe the student's study skills.

Describe the student's organizational skills with school supplies, books, and personal belongings.

Describe visual accommodations, if any, currently used in the classroom.

**PLEASE E-MAIL OR FAX THIS FORM TO:**

**DHOHVision@mcpsmd.org**  
Fax: 240-740-1807  
or via email to DHOHVision@mcpsmd.org

**Please include the report from the ophthalmologist with this form.**