

# Visual-Motor Checklist.....

**Have you noticed, or been concerned about any of the following?**

<ul style="list-style-type: none"> <li>• Are you unsure of your movements when it is dark? YES NO</li> <li>• Are you nervous of going out at night, especially alone? YES NO</li> <li>• Do you feel the need for a night-light in your bedroom? YES NO</li> <li>• Do you have difficulty moving around in a movie theater when it is dark? YES NO</li> </ul>	UNSURE
<ul style="list-style-type: none"> <li>• Have you found yourself having difficulties following ASL? YES NO</li> <li>• Have you had issues with seeing or following closed captioning? YES NO</li> <li>• Do you find you can follow ASL or CC better from further back? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Do you think you have poor balance? YES NO</li> <li>• Have you been told – or do you feel you are a “klutz”? YES NO</li> <li>• When you drop an object, do you have trouble finding it/picking it up? YES NO</li> <li>• Are you able to walk on a balance beam – or a line on the floor? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Do you tend to bump into people accidentally? YES NO</li> <li>• Do you frequently stub your toe on objects or fall over low furniture? YES NO</li> <li>• Does crossing a street make you anxious and uncertain? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Are you often surprised to see someone who entered a room silently? YES NO</li> <li>• In an “unknown” hallway, are you aware of what is on the walls? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Do you stumble or trip on stairs? YES NO</li> <li>• Do you step off a curb that you didn’t notice was there? YES NO</li> <li>• Do you reach for something (e.g., on a table) and knock it over? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• During the day, does bright sunlight blur your vision? YES NO</li> <li>• At night, are car headlights “blinding” to you? YES NO</li> <li>• In class, is it easier to see if you sit with your back to the windows? YES NO</li> <li>• Do you have to pause when going from a dark area to a bright one? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Do you dislike playing contact sports? YES NO</li> <li>• Do you struggle with a sport that requires following a ball? YES NO</li> <li>• Do you have trouble catching a ball? YES NO</li> </ul>	
<ul style="list-style-type: none"> <li>• Have you talked to your parents, your doctor, or any adult about these? YES NO</li> </ul>	