

Joe Chaddock
Superintendent

6057 Strip Avenue NW
North Canton, OH 44720



Vision - Service - Leadership
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Treasurer

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EYE SPECIALIST REPORT

Child's Name: _____ Child's Date of Birth: _____
Date of Request: _____ School: _____ Grade: _____

EYE SPECIALIST: Please complete below, then return to address at the bottom.

Distance Visual Acuity:

Without correction: R _____ L _____ With newest prescription: R _____ L _____

Glasses/contacts should be worn: None _____ Full-time _____ Part time (When?) _____

With correction, does the child function at the definition of blindness? _____

Diagnosis:

_____ Nystagmus _____ Amblyopia _____ Strabismus _____ Convergence Problem
_____ Accommodation Problem _____ Field Loss
_____ Other (Please describe): _____

1. Does the child's ocular exam explain this child's functional use of vision?

2. Does this child have a history or presence of neurological problems, brain damage, or a condition that profoundly affects the brain?

Visual prognosis is:

Stable _____

Guarded _____

Poor _____

Date of last exam:

Do you wish to see the child again?

When?

Please return form to:

From:

| | |
|---|----------------------------|
| Penny Latham Stark County ESC | Eye Specialist Signature: |
| 6057 Strip Ave NW North Canton, OH 44720 | Address: |
| Phone: 330-492-8136 Ext. 1392 | City: _____ Zip: _____ |
| Fax: 330-445-2288 | Phone: _____ Fax: _____ |