

EVALUATION OF EYE MOVEMENT

Name _____ District _____ DOB _____

Age ____ Sex ____ Therapist _____ Date _____

Eye Dominance ____ R ____ L Corrective Lens ____ Yes ____ No

Key: + = yes - = no

Eye Movements

- _____ Moves eyes to look at object
- _____ Focuses on stationary object for 3 seconds
- _____ Moves eyes to follow object moving in vertical plane
- _____ Moves eyes to follow object moving in a horizontal plane
- _____ Converges eyes in response to movement of object toward face
- _____ Moves eyes to follow object diagonally
- _____ Moves eyes across midline ____ smoothly ____ with jerky movement
- _____ Tracks with _____ head movement only
 - _____ eye movement only when head is held
 - _____ eye movement only
- _____ Unable to formally test

Comments: