



Recommendation for Irlen Testing

*Fill out both pages of this form and send to Gay Lyn Duncan at Bowie Elementary

Date:	Campus:
Student Name:	Grade Level:
Student ID:	Parent Name:
Parent Phone Number:	Alternate Phone Number:
Teacher:	Date Paperwork Received at Lee:

	YES	NO
Does the student skip words or lines when reading?		
Does the student reread lines?		
Does the student lose his/her place when reading?		
Does the student get easily distracted when reading?		
Does the student need to take breaks while reading?		
Does reading become harder the longer he/she reads?		
Does the student get headaches when he/she reads?		
Does the student blink or squint when reading?		
Does the student get tired when reading?		
Does the student experience watery or itchy eyes when reading?		
Does the student prefer to read in dim light or shade their eyes when reading?		
Does the student get restless, active, or fidgety when reading?		



Corsicana Independent School District

Reason for Referral:

Classroom behavior/grades:

Any additional information you would like to share:

Printed Name: _____ Signature: _____