

## Trainer's Guide for Short Intake

# irlen® SHORT INTAKE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Screener's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

LIGHT SENSITIVITY	HANDWRITING	ATTENTION/CONCENTRATION
ESSAY WRITING	COPYING	MATH
DEPTH PERCEPTION	SPORTS PERFORMANCE	MUSIC
		LISTENING

Highlight areas with 3 or more “yes” answers on the Self-Test for Irlen Syndrome.

**CONCERNS:** Tell me about your reading, learning, behavior, attention and academic problems, headaches, other physical symptoms, and other problem areas on the Self-Test. *We are creating a wish list of things you would like to get better or be easier to do.*

- Parent/client's perception of problems
- Full range of problems
- Specific behavioral examples
- After completion of the screening, review each of the reported problems and explain how they relate to Irlen Syndrome or how the problem is a separate issue.

**SPECIAL ASSISTANCE:** When Description Changes

Tutorial	Remedial Reading	Drug Therapy: (Ritalin, Cylert)	Controlled Diet
Vision Therapy	Counseling	Speech or Language Therapy	Adaptive PE
Sensory-Motor Integration Therapy	Special Education		Other

**FAMILY HISTORY:** *I am going to ask you some questions. When you answer, think about family members including siblings, parents, grandparents, cousins, etc.*

- Does anyone in the family wear sunglasses outside? Yes / No / DK Who?
- Does anyone not read for pleasure? Yes / No / DK Who?
- Does anyone take breaks while reading or prefer to read magazines or newspapers? Yes / No / DK Who?
- Does anyone get strain, fatigue, or tired when reading? Yes / No / DK Who?
- Does anyone in the family read slowly? Yes / No / DK Who?
- Does anyone read in dim lighting? Yes / No / DK Who?

- Did anyone in the family have a learning/reading problem, ADD/HD, or dyslexia? Yes / No / DK Who?
- Is there a family history of headaches or migraines? Yes / No / DK Who?
- Irlen Syndrome is genetic, and these questions indicate which other family members can be helped with the use of Irlen Overlays and Spectral Filters. Any person who has one of the above problems may have Irlen Syndrome. Let the child know that they inherited this problem and can blame...(mom/dad /both).

**READING HISTORY: DIRECTIONS: WHEN READING FOR INFORMATION AND YOU GET TO THE POINT THAT YOU WANT TO STOP READING:**

How do you, your head, and your eyes feel? Any response besides “fine, normal, no difference” indicates that the client may have Irlen Syndrome

How does the page look? Any response besides “fine, normal, no difference” indicates that the client may have Irlen Syndrome

When do you first notice that these problems start - after you read a word, a paragraph, a few pages, five to ten minutes...?

- 0 to 20 minutes indicates the problem is severe
- 21 to 40 minutes indicates a moderate problem
- 41 to 60 minutes indicates a slight problem
- If distortions and/or fatigue do not onset until after 1 hour, the person is not considered a candidate because these problems will not have an impact on academic performance.

Do you read without looking up from the page, or do you look up or away from the page after a word, a paragraph, a few pages, five to ten minutes...?

- 0 to 20 minutes indicates the problem is severe
- 21 to 40 minutes indicates a moderate problem
- 41 to 60 minutes indicates a slight problem
- If the client can read without looking up or away from the page until after 1 hour, the person is not considered a candidate because these problems will not have an impact on academic performance.

If you read a lot, do you ever get a headache, stomachache, feel dizzy, nauseous, or very sleepy? (Circle answers)

- The client’s problems are severe if they report any of the following, and you will need to modify the IRPS and/or lighting.
 

Falls asleep	Dizzy
Headaches	Nausea

## ENVIRONMENTAL QUESTIONS:

Ask these questions with fluorescent lights and repeat all the questions without fluorescent lights (dim lighting). When the client finds things look better and/or feel better without fluorescent lights, the client/parent should be made aware that fluorescent and bright lights are a problem which is corrected by Irlen Spectral Filters.

- Look at my nose. Is this easy or do your eyes want to look around? Easy / Hard / Look Around  
Easy. Non-Irlen response

If hard, describe what you see:

No. Irlen response. Some individuals can see the tip of the nose the clearest.

- Keep looking at my nose. Is the tip of my nose clear or fuzzy? Clear / Fuzzy  
Clear. Non-Irlen response

If fuzzy, describe what you see:

Fuzzy. Irlen response. Some individuals see you moving, pulsating, fuzzy, going in and out of focus, etc.

- Keep looking. Is the rest of my nose as clear? Clear / Fuzzy  
Clear. Non-Irlen response

If fuzzy, describe what you see:

Fuzzy. Irlen response. Some individuals see you moving, pulsating, fuzzy, going in and out of focus, etc.

- Keep looking. Is the rest of me clear or fuzzy? Clear / Fuzzy  
Clear. Non-Irlen response

What is happening:

Fuzzy. Irlen response. Many individuals with Irlen find that their perception changes and distortions appear and get worse the longer they look at an object.

Is it *comfortable* or *uncomfortable* to keep looking? Comfortable / Uncomfortable  
0 is comfortable – 10 very uncomfortable Scale: 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Where does it feel uncomfortable? Your *Head Forehead Eyes Jaw Neck Shoulders Back Stomach Breathing*

- Comfortable. Non-Irlen response
- Uncomfortable. Irlen Response. Usually the individual will feel the same type of discomfort when looking at things in the environment as when reading.
- A score of 7+ is severe. You will need to modify IRPS and/or lighting.

Is it easy or hard to keep looking and listen to me talk? Easy / Hard

Do you daydream in class/lectures? Yes / No

- Sometimes feeling discomfort or seeing distortions in the environment can affect an individual's ability to sit still and/or listen. It starts to take effort to listen, and often the individual daydreams in class or may appear to have ADD/HD.

**VISUAL HISTORY:**

Date of last visual exam: \_\_\_\_\_ Do you wear glasses for reading? Yes / No

IF THIS INDIVIDUAL WEARS GLASSES FOR READING, THEY SHOULD BE WORN DURING TESTING.