

Functional Gaze Control Score sheets



Gaze fixation

Child _____

Date of birth _____

Date of assessment _____

Trail	Position	Fixed gaze Yes / No	Time to fix		Fixation held	
			Immediate	Delayed	Held (about 2 seconds)	Fleeting (less than 2 seconds)
1	Left					
2	Right					
3	Bottom					
4	Top					
5	Left					
6	Top					
7	Right					
8	Bottom					
9	Right					
10	Top					
11	Bottom					
12	Left					
13	Right					
14	Left					
15	Bottom					
16	Top					
	TOTAL					

NOTES:

Functional Gaze Control Score sheets



Tracking

Child _____

Date of birth _____

Date of assessment _____

Trail	Direction	Tracking observed	Full or partial	
			Yes / No	Full
1	Left-Right			
2	Top-Bottom			
3	Right-Left			
4	Bottom-Top			
5	Top-Bottom			
6	Bottom-Top			
7	Right-Left			
8	Left-Right			
9	Right-Left			
10	Bottom-Top			
11	Left-Right			
12	Top-Bottom			
13	Left-Right			
14	Right-Left			
15	Top-Bottom			
16	Bottom-Top			
	TOTAL			

NOTES:



Functional Gaze Control

Score sheets

Disengaging and shifting gaze

Child _____

Date of birth _____

Date of assessment _____

Trail	Condition (competition / no competition)	Second target revealed to the left or right	Gaze shift observed		Time to shift	
			Yes / No	Immediate	Delayed	
1	Competition	Left				
2	Non-competition	Left				
3	Non-competition	Right				
4	Competition	Right				
5	Non-competition	Left				
6	Competition	Right				
7	Non-competition	Right				
8	Competition	Left				
9	Non-competition	Right				
10	Competition	Left				
11	Competition	Right				
12	Non-competition	Left				
13	Competition	Left				
14	Competition	Right				
15	Non-competition	Left				
16	Non-competition	Right				
TOTAL (overall)						
TOTAL (competition)						
TOTAL (no competition)						

NOTES:

Functional Gaze Control Score sheets



Visual search

Child _____

Date of birth _____

Date of assessment _____

Trail	Position of target	Visual search			Target identified
		No search	Partial	Full	Yes/no
1	Top left				
2	Bottom left				
3	Top right				
4	Bottom right				
5	Missing				
6	Bottom left				
7	Top right				
8	Missing				
9	Top left				
10	Bottom right				
11	Missing				
12	Top right				
13	Top left				
14	Bottom left				
15	Missing				
16	Bottom right				
TOTAL					

NOTES:

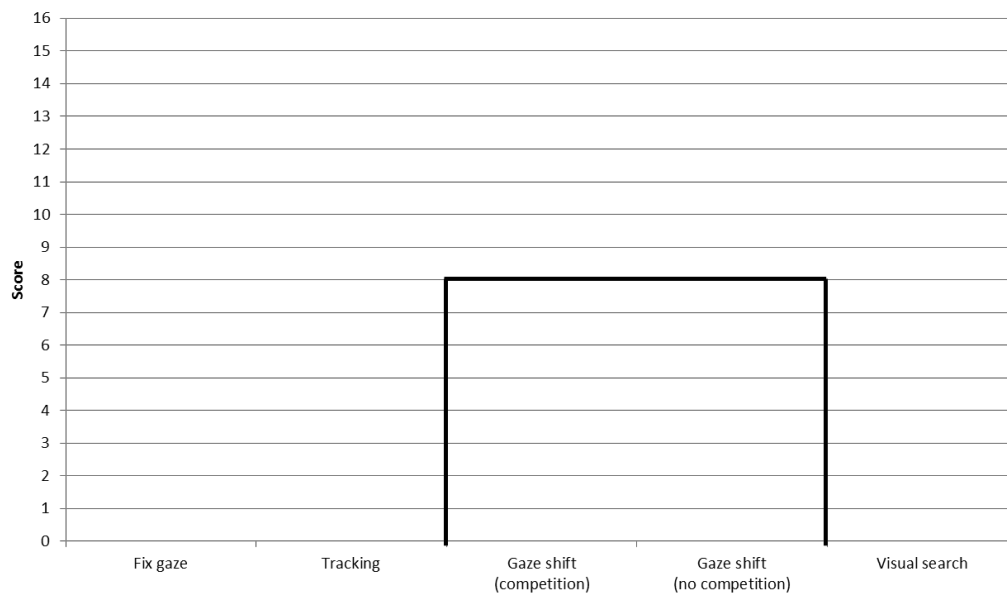
Overall gaze control profile



Child _____

Date of birth _____

Date of assessment _____

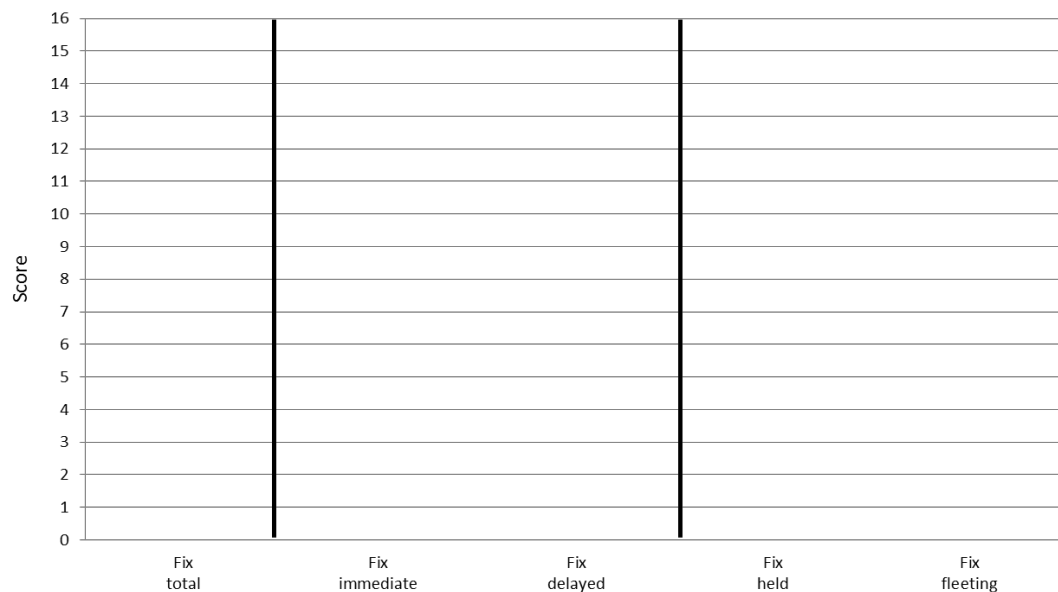


Gaze fixation profile

Child _____

Date of birth _____

Date of assessment _____



Tracking profile



Child _____

Date of birth _____

Date of assessment _____

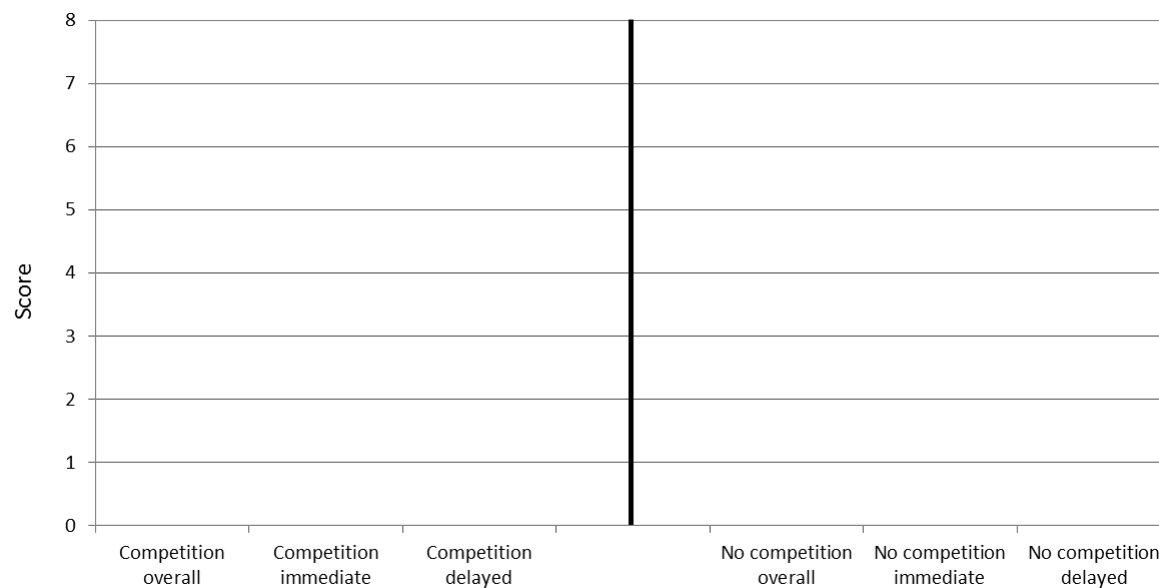


Disengaging and shifting gaze profile

Child _____

Date of birth _____

Date of assessment _____





Visual search profile

Child _____

Date of birth _____

Date of assessment _____

