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Dear Sir/Madam:

Although not an expert in the area of opthamology, I have conducted many Psychoeducational Assessments of students with Learning Disabilities in the last 23 years of practice, and am not surprised by the research finding that children with IEP's exhibit significantly greater binocular vision anomalies compared to control subjects.

Following a review of the relevant research, and in particular Quaid & Simpson's 2012 study (*Association between reading speed, cycloplegic refractive error, and oculomotor function in reading disabled children versus controls*. Graefs Arch Clin Exp Ophthalmol. 2013 Jan;251(1):169-87. doi: 10.1007/s00417-012-2135-0. Epub 2012 Aug 29), as requested, I am writing this letter in support of their approach:

This research confirms an association between uncorrected refractive error (particularly hyperopia), impaired vergence facility and reduced reading speed, as determined objectively with an infra-red eye tracking system. This research suggests that students with reading-based learning difficulties that fail either the questionnaire or vergence facility testing should have an objective measure of reading speed,a cycloplegic refraction, and specific examination of vergence and accommodative amplitude and facility performed. Given that there is ample evidence (including a large-scale randomized controlled trial) as to the effectiveness of rehabilitation strategies for binocular vision dysfunction [22, 31] in addition to numerous studies confirming an association between reading-based outcome scores and oculomotor-based outcome scores [7–11, 32, 33], this approach appears justified.

I hope the above has been helpful.

Sincerely,

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