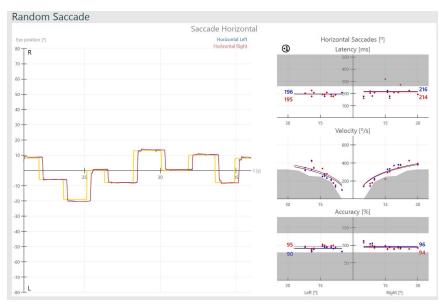
Saccades Test Record Sheet

Patient Information:	
• Name:	-
Date of Birth:	
Date of Assessment:	-
Test Details:	
Test Type: (check one)	
☐ Horizontal	
□ Vertical	
Test Distance: meters/feet (indicate unit)	
Number of Trials:	_
Test Results:	
Trial 1:	
Number of Saccades:	
Accuracy (Number of Targets Hit):	
• Notes:	
Гrial 2:	
Number of Saccades:	
Accuracy (Number of Targets Hit):	
Notes:	
- 1101001	

(Continue with more trials as needed)

Graphical Representation:

(Provide a graph here, with the x-axis representing the trial number and the y-axis representing the number of saccades. You may also want to plot the accuracy on the same graph using a different color. Mark each data point on the graph and connect them with a line.)



Source: https://www.interacoustics.com/balance-testing-equipment/visualeyes/support/saccade-test

Analysis and Interpretation:

Signature of Evaluator: _

License/Registration Number: _____

Name of Evaluator: _

•	Average Number of Saccades:	-
•	Average Accuracy:	
•	Observations:	
•	Possible Factors Affecting Results:	
•	Recommendations:	