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Business reply
licence no.
CB106

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**Visual Development Unit
Dept of Psychology
University College London
Gower St
LONDON
WC1E 6BR**

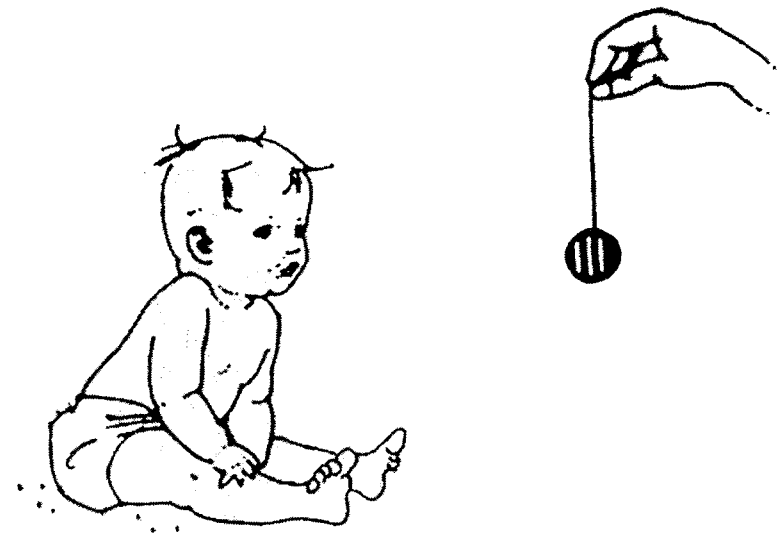
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second fold

VDU



WHAT DOES YOUR BABY SEE ?



**VISUAL DEVELOPMENT UNIT
UNIVERSITY COLLEGE LONDON**

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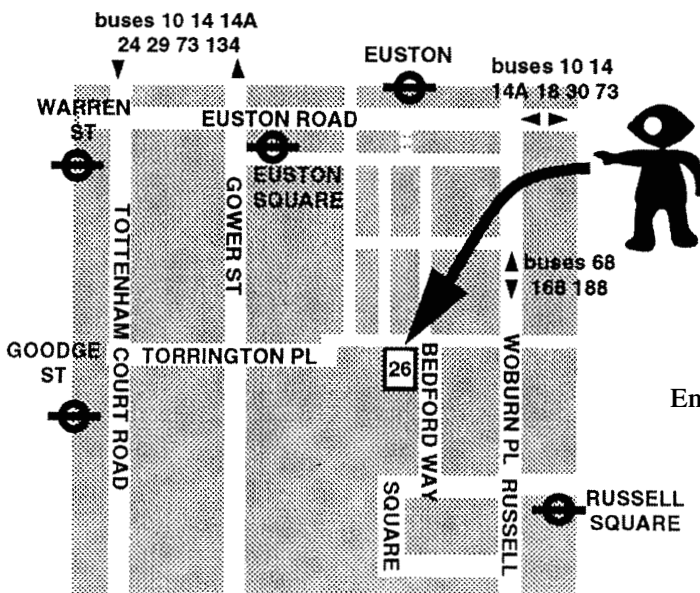
VISUAL DEVELOPMENT UNIT

The Visual Development Unit is a Medical Research Council team investigating and assessing vision in infants and children. The Unit was based in the University of Cambridge for over 15 years and is now established in University College London and the University of Oxford. Our work involves devising safe and reliable tests so that we can find out more about how vision develops in the eye and brain normally, and why it sometimes goes wrong in childhood visual problems and blindness.

Our Unit is situated at 26 Bedford Way (see map below) on the 4th Floor, with entry through automatic door and lift. We have feeding and changing facilities as well as toys and books for babies and older children. The Unit is easily accessible by public or private transport, with parking available on street or in nearby car parks (e.g. Royal National Hotel). For families volunteering, we will be able to make a contribution towards travel expenses.

We hope you will be willing to help us. Thank you very much.

Professor Janette Atkinson and Professor Oliver Braddick
Directors of the Visual Development Unit



Visual Development Unit

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www.psychol.ucl.ac.uk/vdu

Please keep this half of the leaflet for reference

UNIVERSITY COLLEGE LONDON VISUAL DEVELOPMENT UNIT



Should you be willing to help us and have a child between birth and three years of age, please fill in the form below and send it back to us. NO stamp is needed. It would be especially helpful if you could return this form soon after birth, as many of our tests are with children in the first six months of life. After we receive your form we will contact you by telephone or letter to arrange an appointment.

If your child takes part in our studies, he/she will also be offered a screening check for common vision problems.

Surname: _____

Baby's Forename: _____ Sex: M / F *

Parents' Names: _____

Address: _____

_____ Postcode _____

Telephone numbers: _____

Date of Birth: _____ Date baby was due: _____

Any problems with baby at birth: _____

GP Doctor: _____ Health Visitor: _____

History of Eye Problems in Family? *

Child's Mother: normal / squint as child / short sighted / long-sighted / lazy eye as child / other problem

Child's Father: normal / squint as child / short sighted / long-sighted / lazy eye as child / other problem

Does your child have any brothers or sisters? Yes / No If YES, have they had any eye problems? (please give details):

* Please circle correct information