Clear Form Data

Parent/Caregiver Interview

For Students who are Blind or Visually Impaired

Student Name: _____ Date: _____

Parent/Caregiver Name: _____

Parent e-mail: _____ Phone/Cell: _____

Medical Information

What is your understanding of your child's visual impairment and how it affects his/her functioning? _____

_____

_____

_____

Does your child have a seizure history? Yes ____ No ____ If so, what causes it? _____

Is your child taking any medication? Yes ____ No ____ If so, what? _____

Visual Response

If your child has been prescribed glasses, does your child wear them? Yes ____ No ____ Do the glasses appear to help your child see better? _____

_____

If your child has been prescribed low vision devices, what are they and how does he/she use them? _____

_____

Describe how your child explores new objects (visually, tactually, auditory, or a combination). _____

_____

_____

What kinds of things does your child appear to see?

Your face.....Yes____ No____ If so, from what distance? _____

Favorite toys.....Yes____ No____ If so, from what distance? _____

An object or action during a favorite game.....Yes____ No____ If so, from what distance? _____

Food or drink.....Yes____ No____ If so, from what distance? _____

An adult moving across the room.....Yes____ No____ If so, from what distance? _____

TV, windows, lights off or on.....Yes____ No____ If so, from what distance? _____

What is the smallest object you've seen your child try to pick up? _____

Do you notice your child bringing things closer to look at them? Yes____ No____ How close? _____

How close does your child generally hold small objects? _____

What kinds of things does your child appear not to see, or have difficulty seeing? _____

_____

What does your child say or do that tells you he/she is having trouble seeing? _____

_____

_____

Are there times your child sees better than others? Yes ____ No ____ If so, when? _____

If your child has been diagnosed as being blind, what do you think that he/she sees? _____

_____

Do you feel that some areas of your child's visual field are better than others? _____

_____

Does your child experience visual fatigue? _____

Does your child have access to a computer at home? Yes ____ No ____ Describe activities the computer is used for and problems encountered. _____

_____

Response to Lighting

What kind of lighting is best for your child? _____

Is your child sensitive to bright lights? _____

Does glare from shiny surfaces bother your child? _____

During Activities of Daily Living

How does your child use his/her vision during mealtimes? _____

Does your child have trouble finding food or knowing what's on the plate? _____

Does your child exhibit age-appropriate skills in daily living activities and chores (eating, dressing, personal hygiene, grooming, etc.)? Yes ____ No ____ Describe _____

_____

During Social Interactions

How does your child use his/her vision to interact with adult and siblings/peers? _____

_____

During Play & Leisure

Does your child like to play computer or video games? _____

_____

Does your child like to look at or read books? _____

_____

What size pictures and font does he/she enjoy reading/looking at? _____

_____

Mobility & Travel

Does your child ever have problems getting around in the dark? Yes____ No____ Explain _____

_____

Does your child have problems with bright light? Yes____ No____ Explain _____

_____

How does your child adjust to different lighting? _____

_____

Does your child have trouble getting around in unfamiliar environments? Yes____ No____ Explain _____

_____

Does your child have trouble traveling independently outdoors? Yes____ No____ Explain _____

_____

How does your child use his/her vision to move through the home? _____

_____

How does your child use his/her vision to move through the yard/playground? _____

_____

How does your child use his/her vision to move on steps/curbs? _____

_____

Miscellaneous

Does your child have career goals? Yes____ No____ Describe: _____

_____

Describe settings or activities of concern in which the teacher of the visually impaired should observe your child? _____

_____

_____

Additional Notes (Comments, Questions, or Concerns)

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