

Classroom Teacher Interview

Student _____ Teacher _____ Date _____

Teacher E-mail _____ Phone/Cell _____

Describe the student's strengths. _____

Describe quality and quantity of student's work. _____

Is student's work commensurate with peers? Yes ___ No ___

Describe: _____

How is the student's disability affecting his/her educational performance in your class? _____

What accommodations is the student using in the classroom to access general curriculum materials? _____

What is student's current reading level? _____

What book is used? _____

How are the student's listening skills? Good ___ Fair ___ Poor ___

Describe: _____

Does the student relate well to peers? Yes ___ No ___

Describe: _____

Does the student related well to adults? Yes ____ No ____

Describe: _____

How does the student explore new materials?

Visually ____ Tactually ____ Auditorily ____ Combination ____

Describe: _____

Describe appearance of eyes, complaints, and abnormal visual behaviors. _____

Does student wear glasses? Yes ____ No ____

Do the glasses appear to help the student see better? Yes ____ No ____

Does the student use low vision devices in the classroom? Yes ____ No ____

Describe use of device: _____

Is the student sensitive to bright light and glare? Yes ____ No ____

Describe: _____

Indicate problems with near reading/writing:

____ Regular Print ____ Maps/Illustrations ____ Math Tools

Describe problems related to distance, speed, fatigue, accuracy, and handwriting legibility:

If student uses the computer, describe problems: _____

Indicate problems with distance reading/writing:

Board/Overhead TV/Video Maps/Charts

Describe problems related to distance, speed, fatigue, and accuracy: _____

Does student finish work/homework on time? Yes No

Describe problems: _____

Does student complain of fatigue? Yes No

Describe problems: _____

How would you rate the student's study skills? Good Fair Poor

Describe: _____

Does student travel independently in classroom? Yes No

Describe any problems: _____

Does student travel independently in and around the school? Yes No

Describe any problems: _____

How would you rate the student's organizational skills with school supplies, books, and personal belongings? Good Fair Poor

Describe: _____

Are there settings or activities of concern in which the teacher of the visually impaired (TVI) should observe the student (computer, cafeteria, etc.)? _____
