

**PARENT INTERVIEW**  
(Preschool and Multiply Impaired)

**Student Name:**

**Parent (s) Interviewed:**

**Date:**

**Setting:**

**Vision/Medical History** (TVI should conduct a review of the records)

Has your child had an ophthalmological exam?    Yes    No  
When?

Who was the doctor (telephone and address)?

What caused your child's impairment?

Has your child ever had eye surgery?  
If so, for what?

Has your child had a hearing exam?    Yes    No  
When?

Who was the audiologist?

Does your child have other documented disabilities?

Where could we access additional medical records if they are needed?

What medications does your child take and when are they administered?

Does he/she seizure?    Yes    No  
How often?

Does anything in the environment (e.g. light, noise, etc.) seem to trigger seizure activity?

**Educational Progress** (TVI review records)

What was the last school that served your child?

Who was the teacher? (address and phone)

Was attendance an issue?    Yes    No

How are your child's listening skills?

Explain:

Has your child been enrolled in a program for students with visual impairments on any previous occasion?

**Mobility/Travel**

Does your child ever have problems getting around in the dark? Yes No

If so, explain.

Does your child have problems with bright light? Yes No

Explain:

How do they adjust to different lighting?

Does your child have trouble getting around in unfamiliar environments? Yes No

Explain:

Does your child fall over things, or bump into things as he/she is walking? Yes No

Explain:

**Visual Response**

Does your child watch television? Yes No

How far away from the screen does your child sit?

Does your child like to play computer or video games? Yes No

How far away from the screen does your child sit?

Does your child like to play with books or read? Yes No

What size pictures and font do they enjoy reading?

Does the glare on a page seem to bother your child?

If your child has been diagnosed as being totally blind, do you think that he or she sees? Yes No

Explain:

Do you notice your child bringing things closer to look at them? Yes No

How close does your child generally hold small objects?

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

Do you ever notice your child turning their head to look at objects? Yes No

If "yes," which way do they turn their head?

Do you feel that there are areas of your daughter/son's visual field, which is more effective than other areas?

Do you ever notice your child looking at an object, and then looking away before reaching for that object? Yes No

Does your child stare at light Yes No

Does your child's eyes cross, wander, or not appear straight at any time?

Explain

### **Activities of Daily Living**

Is your child able to perform activities of daily living at a level equal to other children their age? Yes No

Does your child have friends? Yes No

Does your child interact with other children in about the same way as other children their age? Yes No

Explain

### **Personality**

Are there activities that your child particularly enjoys?

Are there activities that your child avoids?

What sort of foods does your child like to eat?

What smells seem to be pleasant for your child

What things does your child look at most consistently?

What things does your child like to listen to?

How does your child communicate?

What time of day is your child most alert?