

TEACHER INTERVIEW
(Academic students K-12)

Student Name:

Teacher Interviewed:

Date:

Setting:

Medical History

What do you know about what caused this student's impairments?

Does the student take medication at school? Yes No

Does the student seizure?

How often?

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

Appearance of the Eyes/Visual Behavior

Do you notice abnormalities?

Eye size__ Watery Discharge __ Eye Contact__ Eyelids__

Redness__ Excessive blinking__ Eye Poking__ Eye Rubbing__

Crust__

Educational Progress

What was the last school that served this child?

Was attendance an issue?

What are the student's educational strengths?

What are the student's educational weaknesses?

Describe their organizational habits?

Do they have attentional difficulties?

Do you address the following areas in your classroom?

Visual efficiency skills____ Use of assistive technology____ Career education____

Recreation and leisure skills____ Independent living skills____

Social interaction skills____ Orientation and mobility____

Social

Is this student socially integrated into the class? Yes No

Explain:

Personality

Are there activities that this student particularly enjoys?

Are there activities that this student particularly avoids?

Activities of Daily Living

Is she/he able to perform activities of daily living at a level equal to other children his/her age? Yes No

Visual Functioning

Is this student able to see? Yes No

What behaviors do you notice that lead you to answer this way?

How does this student function visually in your classroom?

Does he/she complain about not being able to see? Yes No

Explain:

Does this student use a computer in your class? Yes No

If so, how far away from the screen does he/she sit?

Does he/she enjoy using the computer? Yes No

If so, how far away from the screen does he/she sit?

Does this student enjoy reading activities? Yes No

What size font does the child enjoy reading?

Does glare on the page seem to interfere with the child's reading?

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

How close does he/she generally hold small objects?

Does this student have trouble in the lunchroom? Yes No

Do you ever notice this 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 this student's visual field, which are more effective than other areas? Yes No

Do you ever notice this student looking at an object, then looking away before he/she reaches for that object? Yes No

What things does this student look at most consistently?

Academics

Does he/she have trouble with any of the following activities?

Listening

Reading standard print

- What grade level does the student read independently?
- Does the student complain of eye fatigue?

Reading from the blackboard

Coloring

Cutting

Finding specific passages in print

Completing math assignments (especially long multiplication and division problems)

Seeing demonstrations

Completing lab assignments

Losing their place while reading

Maintaining a sufficient reading speed to permit acceptable comprehension

Using charts, graphs, and maps

Handwriting (legible, speed, size)

Does the student use any special devices to read or write?

Are any accommodations made for reading or writing?

Does the student receive support services from other school staff?

Does the student have an associate?

Is the student organized?

Mobility/Traveling?

Does this student have difficulty traveling in any of the following environments?

Around the classroom___ Auditorium/Gym___ Playground___ Halls___

Stairs___ Cafeteria___ Other (specify)_____

Does the student experience difficulty keeping oriented to the building (i.e. finding the office)?

Does he/she have problems with bright light? Yes No
Explain:

Does she/he travel independently outdoors? Yes No
Explain: