

TEACHER INTERVIEW

(Preschool and Multiply Impaired Functional Vision Assessment)

Student Name:

Teacher Interviewed:

Date:

Setting:

Medical History?

What do you know about the cause of this student's impairments?

Does the student take medication at school?

Does the student seizure?

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

Appearance of the Eyes:

Do you notice abnormalities?

Eye size _____ Eyelids _____ Eye Contact _____

Watery Discharge _____ Excessive blinking _____ Crust _____

Eye Rubbing _____ Eye poking _____ Redness _____

Educational Progress?

What was the last school that served this child?

Who was the teacher (address and phone)?

Was attendance an issue?

What are the student's educational strengths?

What are the student's educational weaknesses?

Do they have attentional difficulties?

What time of day is this student most alert?

Social?

Is this student socially integrated into the class? Yes No
Parallel play_____ Group play_____ Independent play_____

Explain:

Personality?

Are there activities that this student particularly enjoys?

Are there activities that this student 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 this student enjoy reading activities? Yes No

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 difficulty in the lunchroom?

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?

What physical position enables the student to utilize their eyes most efficiently?

Academics

Coloring

Cutting

Seeing demonstrations

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

Keeping oriented to the building (ex: finding the office)

Cafeteria

Outdoors

Other (specify)

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

Explain:

Does she/he travel independently outdoors? Yes No

Explain: