

Classroom Teacher Interview

For Students who are Blind or Visually Impaired

Student Name: _____ Date: _____

School: _____ Grade: _____

Teacher Interviewed: _____

Class/Subject: _____

Educational Information

What are the student's strengths in your class? _____

What is the student's quality of work? _____

Does the student require extra time to complete assignments? _____

Is the student's work commensurate with peers? _____

Does the student wear glasses (if prescribed)? _____

Does the student use low vision device(s) for near or distance viewing? _____

Is the student sensitive to bright lights or glare? _____

What accommodations or tools is the student using? _____

How is the student doing socially/emotionally in your class? _____

What is the student's grade in your class? _____ If he/she has some failing grades, please include what is causing the student to earn the grade. (i.e., not turning in homework, not studying, poor attendance, etc.) _____

What does the student appear to have difficulty seeing in your class or in the school setting: _____

