

**Teacher (Pre-K/Md) Interview**  
For Students who are Blind or Visually Impaired

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Interviewed: \_\_\_\_\_

What are the student's strengths in your class? \_\_\_\_\_

\_\_\_\_\_

What are the student's weaknesses in your class? \_\_\_\_\_

\_\_\_\_\_

Does the student have difficulty attending? Yes  No  If so, what strategies help? \_\_\_\_\_

\_\_\_\_\_

Is the student verbal? Yes  No  If not, what augmentative communication device or system is used? \_\_\_\_\_

\_\_\_\_\_

What time of the day is the student most alert? \_\_\_\_\_

\_\_\_\_\_

Does the student use positioning equipment? \_\_\_\_\_

\_\_\_\_\_

What are the student's preferred activities? \_\_\_\_\_

\_\_\_\_\_

What are the student's least preferred activities? \_\_\_\_\_

\_\_\_\_\_

Is the student able to perform activities of daily living at a level equal to same age peers?  
Yes  No  If not, explain. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does the student appear able to see? Yes  No  Please explain. \_\_\_\_\_

\_\_\_\_\_

How does the student function visually in your class? \_\_\_\_\_

\_\_\_\_\_

Does the student have difficulty traveling throughout the school? Yes  No   
Please explain. \_\_\_\_\_

\_\_\_\_\_

