

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

Student Name \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

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

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

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

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

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

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

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

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

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Is the student able to perform activities of daily living at a level equal to same age peers?

Yes \_\_\_\_ No \_\_\_\_ If not, please explain. \_\_\_\_\_

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

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

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

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

Please explain: \_\_\_\_\_

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