Student Interview
For Students who are Blind or Visually Impaired

Student Name: ____________________________ Date: __________
School: ____________________________ Grade: __________

Knowledge of Visual Impairment
What can you tell me about your visual impairment? __________________________________________________________
________________________________________________________________________________________________________
What do you have a hard time seeing? __________________________________________________________
________________________________________________________________________________________________________
Have you been prescribed glasses? Yes □ No □ Do you wear them? Yes □ No □ If not, why? ____________________________
________________________________________________________________________________________________________

School Activities
What do you like about school? __________________________________________________________
________________________________________________________________________________________________________
What do you like least about school? __________________________________________________________
________________________________________________________________________________________________________
Do you have any difficulty getting around the school campus? __________________________________________________________
________________________________________________________________________________________________________
What do some teachers do that make learning/seeing easier? __________________________________________________________
________________________________________________________________________________________________________
What strategies help you to see better? __________________________________________________________
________________________________________________________________________________________________________
Have you been prescribed low vision devices (ex. magnifier, telescope)? Yes □ No □ Do you use them? Yes □ No □ If so, for what? ____________________________
________________________________________________________________________________________________________
Are you able to see your textbooks? Yes □ No □ If not, what do you have a difficult time seeing? ____________________________
________________________________________________________________________________________________________
Are you able to see your handouts? Yes □ No □ If not, have you found anything to help you see them better?

Are you able to see information presented on the board? Yes ___No____ If not, what strategies do you use to see it?

Are you able to see information during school assemblies? Yes □ No □ Are you able to see information during ball games? Yes □ No □ If not, what do you do?

What school activities are you involved in?

Clubs?
Sports?

Leisure Activities
Do you have any hobbies? Yes □ No □ If so, what?

How do you like to spend your evenings and weekends?

How are you able to see labels and tags when you go shopping? What strategies do you use?

Are you able to read menus at restaurants? What strategies do you use?

Are you able to read fast food signs? What strategies do you use?

Can you see sporting events?

Can you see movies at a movie theater or people/props at plays and concerts?

Other
What else can you tell me about your visual impairment?