

Teacher/TA VISION SURVEY

Student: _____

Date: _____

<i>Please indicate how you feel about each statement below.</i>	Yes	No	Not Sure
I know how to gain this student's visual attention.			
I know where to hold items so this student can see them.			
I know how close to hold items so this student can see them.			
I know what kind of objects/pictures this student sees best.			
I know what this student looks like when he/she is seeing something.			
I understand the <i>Vision Unique Needs</i> for this student.			
I know what this student's vision goals are.			

I have the following questions about this student's vision:
