

**University of Waterloo-School of Optometry & Vision Science  
Low Vision Clinic**

**Classroom Information Form**

Please have the classroom teacher, vision resource teacher or other school official complete this form. This information is important in allowing us to best meet the needs of the student.

Student's name:

Date of birth:

Form completed by:

Date completed:

School & address:

School telephone number:

School Board & address:

School Board telephone number:

Regular classroom teacher:

Vision Resource Teacher:

Position of person who completed this form:

Name and contact information of the person completing form:

**General Information:**

In what grade is the student:

At what grade level is the student working (if different from above)?

Does the student have any additional challenges (i.e. motor, hearing)?

Have any cognitive disabilities been identified? If so, please elaborate:

Is any additional support being supplied for the student and if so how much ? (e.g. vision resource consultation, teacher's aid, reading remediation, etc.)

Can this student identify printed numbers or letters?

Can this student independently write simple sentences?

Can this student independently read simple sentences?

**Educational medium:**

Is this student using standard print size for his/her grade level or is it enlarged?

Approximately, what height is a lower case 'e' in mm?

If the print has been enlarged, how has this been done (enlarged using photocopier, reprinted by the teacher, supplied through W. Ross MacDonald School, etc)?

**Aids currently in use:**

- |   |  |
|---|--|
| <input type="checkbox"/> Glasses          | <input type="checkbox"/> CCTV                    |
| <input type="checkbox"/> Telescope        | <input type="checkbox"/> Bold lined paper        |
| <input type="checkbox"/> Dome magnifier   | <input type="checkbox"/> Felt tipped pens        |
| <input type="checkbox"/> Ruler magnifier  | <input type="checkbox"/> Reading stand           |
| <input type="checkbox"/> Page magnifier   | <input type="checkbox"/> Additional Illumination |
| <input type="checkbox"/> Other magnifiers | <input type="checkbox"/> Illumination control    |
| <input type="checkbox"/> Tapes/Audio      |  |

Other:

**Areas of concern:**

Do you feel that this student experiences visual difficulties with any of the following items? (Please check.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reading                | <input type="checkbox"/> Writing            | <input type="checkbox"/> Board Work             |
| <input type="checkbox"/> Overheads/Films/Videos | <input type="checkbox"/> Glare/Windows      | <input type="checkbox"/> Groupwork              |
| <input type="checkbox"/> Colour discrimination  | <input type="checkbox"/> Physical education | <input type="checkbox"/> Orientation & mobility |

Other:

Is this student required to see and reproduce work from the blackboard ?

Does this student's visual performance fluctuate on a daily basis?

Is this student able to keep up with the required workload?

Is this student allowed extra time if required ? How much time?

Does this student appear to fatigue after prolonged near point tasks?

**General:**

What are the main areas of educational concern that are affected by the visual impairment and that you would like to see addressed for this student?

*Representative(s) from the school are encouraged to attend the low vision assessment with the consent of the family. Please bring/send samples of print and the student's written work and give them to the clinician at the beginning of the examination.*

**High Technology Reading and Writing Aids:**

To provide us with current information about the high technology reading and writing aids requirements for this student, please complete the attached Computer Assessment Information Form. In addition, we also ask that you identify below specific educational goals/issues, which you feel that this type of equipment might address:

- To increase speed in completing work
- To reduce fatigue
- To organize notes for study purposes
- To store notes for access in a variety of media (print, Braille, etc.)
- For independent note taking in class
- For easier/more legible submission of work to teacher
- To increase productivity/efficiency
- To use as a tool to learn concepts such as cause and effect
- Other (please specify):

**IMPORTANT NOTE REGARDING REPORTS:**

The high technology report that is issued from the Low Vision Clinic will address the need for access technology making specific recommendations and including details of support from the Assistive Devices Program (ADP) for the student's needs at home. Recommendations for compatible equipment in the school setting will also be included. The report will also respond to the requirements in the ISA Resource Manual, that the report be completed by 'an appropriately qualified professional who can indicate :

- ***'that the particular device is essential in order for the student to benefit from instruction'***
- ***'the disability that the device will help to ameliorate.'***

Please note that copies of all reports are addressed to the family unless we receive a specific Release of Information to direct reports elsewhere.

Thank you for providing this information.

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