

Low Vision Clinic, School of Optometry, University of Waterloo

High Technology Classroom Assessment Information Form

Multi-Function Camera Assessment

In order to best assess this student's school based distance-viewing options, please answer the questions below and return this form to our clinic. **To ensure comprehensive assessment and recommendation services, we require a school representative (e.g. a Vision Resource Teacher) knowledgeable of this student's needs, to accompany him/her to the assessment.** In order to provide a setting like the classroom, please be prepared to write a sample of school material for the student onto a black or white board in our assessment room.

Student Name:

Form Completed by:

Date completed (dd/mm/yy)

1. Through how many classrooms does this student rotate? Per Day: Per Week:
2. Describe the distance vision tasks required of this student in each class. Include format in which material is presented (e.g. blackboard, projection) and scope of task(s) (e.g. copying, note taking from lessons).

Class 1:

Class 2:

Class 3:

Class 4:

Class 5:

3. Describe the student's current method(s) of coping with these distance viewing tasks:
4. Describe the student's current method(s) of recording information:
5. Describe any experience the student has with low vision distance aids:
6. Please provide input on distance viewing aids you believe will be effective classroom tools for this student:

Please return this form to our clinic by fax, e-mail or mail. Once the form is received, you will be contacted with an appointment time.

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