

**MISSOURI SCHOOL FOR THE BLIND (MSB)
Functional Vision Learning Media Assessment (FVLMA)/
Orientation & Mobility Assessment (O&M)
Questionnaire**

Please complete this questionnaire and return it with the other information requested to schedule an FVLMA and/or Orientation & Mobility Assessment. A student file must be complete before an appointment can be scheduled.

GENERAL INFORMATION

Date: _____

Student's Name: _____ DOB: _____

Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____

Local Education Agency (LEA): _____

Contact Person: _____

Address: _____

Telephone Number: _____

Person Completing Form: _____

Title: _____

Has this student ever had a Low Vision or Functional Vision Learning Media Assessment or Orientation and Mobility Assessment? ____ Yes ____ No ____ Unknown

If YES, please send a copy of the report with this assessment.

What specific information do you want from this assessment?

EDUCATIONAL INFORMATION

Please describe the present classroom placement (e.g., grade placement, same/different classroom(s), number of students in class, same/different students):

Does this student receive services from a teacher certificated in the area of visual impairment?

Yes No

If YES, please indicate the type and amount of service time:

Is this student eligible to receive materials (i.e., identified as legally blind) from the American Printing House (APH) through the Missouri Instructional Resource Center (MIRC)?

Yes No Unknown

Is this student using APH materials? Yes No Unknown

If YES, please detail

Does this student receive related services (i.e., PT, OT, speech/language)?

Yes No

If YES, please indicate the type of service and the amount of service time:

Does this student receive services from a paraeducator? Yes No

If YES, please indicate the type of service and amount of service time:

Please indicate this student's current reading comprehension grade level:

What are the reading requirements currently required of this student?

What is the reading speed and duration of reading tasks required at this student's level?

At what time of day does the majority of this student's reading occur?

Any additional educational information/concerns that may be helpful:

VISION INFORMATION

Near Vision Tasks

Does this student use standard classroom furniture? ____ Yes ____ No ____ Unknown

If NO, specify adaptations: _____

Is this student right or left handed? ____ Right ____ Left ____ Unknown

Does this student demonstrate difficulty distinguishing colors?

____ Yes ____ No ____ Unknown

If so, specify colors: _____

Does this student demonstrate any difficulty using workbooks?

____ Yes ____ No ____ Unknown

If YES, specify difficulties: _____

Are the workbooks consumable or must the student copy from the workbooks?

____ Consumable ____ Copy

Is this student using:

-copy machine duplicates ____ Yes ____ No ____ Unknown

-handouts ____ Yes ____ No ____ Unknown

-graphs/diagrams ____ Yes ____ No ____ Unknown

-maps ____ Yes ____ No ____ Unknown

-dry erase board ____ Yes ____ No ____ Unknown

-other: ____ Yes ____ No ____ Unknown

Please specify any known difficulties encountered with the use of these materials:

What print size is the material this student uses?

-large type _____ Yes _____ No _____ Unknown

-copy machine enlargements _____ Yes _____ No _____ Unknown

-regular print _____ Yes _____ No _____ Unknown

-other (describe): _____ Yes _____ No _____ Unknown

At what distance does this student work from a page/book? _____

Does this student use:

-glasses _____ Yes _____ No _____ Unknown

-contact lenses _____ Yes _____ No _____ Unknown

-magnifier _____ Yes _____ No _____ Unknown (Describe: _____)

-telescope _____ Yes _____ No _____ Unknown (Describe: _____)

-non-optical device (e.g., reading stand, enhanced lighting, bold marker)

_____ Yes _____ No _____ Unknown (Specify: _____)

Characterize this student's willingness to use this/these device(s):

In what kind of light does this student appear to function best?

Handwriting/Keyboarding

How would you characterize this student's handwriting (with regard to letter formation, spacing, use of lines)? _____

Describe the paper and writing tool this student uses most frequently: _____

Does this student use print or cursive? _____

Can this student read his/her own handwriting? _____

At what distance does this student work from the page when writing? _____

What has been this student's experience with typing/keyboarding?

What opportunities does this student currently have for access to computers and to what computers (e.g., PC or Macintosh - desktop, laptop, tablet)? _____

List any software programs this student is using:

Distance Vision Tasks

Where does this student sit in the classroom (in relation to the front, windows, and other light sources)? _____

Does this student exhibit any difficulty using:

- interactive/marker board _____ Yes _____ No _____ Unknown
(Specify color of board and dry erase marker generally used: _____)
- document camera _____ Yes _____ No _____ Unknown
- chalkboard _____ Yes _____ No _____ Unknown
- audio/visual material _____ Yes _____ No _____ Unknown
- other (Describe: _____)

Any additional vision information/concerns that may be helpful:

ORIENTATION AND MOBILITY (O&M) TASKS

Has this student ever received orientation and mobility services?

_____ Yes _____ No _____ Unknown

If yes, when and from whom? _____

What concerns do you have about this student's ability to travel safely and independently?

Does this student:

- complain about glare? _____ Yes _____ No _____ Unknown
- adapt easily between outdoors and indoors? _____ Yes _____ No _____ Unknown
- appear to see better some days than others? _____ Yes _____ No _____ Unknown
- prefer bright days or overcast days? _____ bright _____ overcast
- use sunglasses, visor, or cap indoors? _____ Yes _____ No _____ Unknown
- use sunglasses, visor, or cap outdoors? _____ Yes _____ No _____ Unknown

Can this student locate different destinations purposefully within the classroom?

Yes No Unknown

How does this student get around the classroom?

-crawls Yes No Unknown

-uses a walker Yes No Unknown

-uses a wheelchair Yes No Unknown

-uses a cane Yes No Unknown

-holds onto another person Yes No Unknown

-by him/herself without a cane Yes No Unknown

-other: _____

How does this student get around his/her home?

-crawls Yes No Unknown

-uses a walker Yes No Unknown

-uses a wheelchair Yes No Unknown

-uses a cane Yes No Unknown

-holds onto another person Yes No Unknown

-by him/herself without a cane Yes No Unknown

-other: _____

How does this student get around the school?

-crawls Yes No Unknown

-uses a walker Yes No Unknown

-uses a wheelchair Yes No Unknown

-uses a cane Yes No Unknown

-holds onto another person Yes No Unknown

-by him/herself without a cane Yes No Unknown

-other: _____

Can this student independently locate familiar destinations within the school?

Yes No Unknown

Can this student independently ask questions and locate unfamiliar destinations within the school?

Yes No Unknown

Does this student run into objects while traveling:

-hallways of the school? Yes No Unknown

-familiar environments? Yes No Unknown

-unfamiliar environments? Yes No Unknown

Does this student demonstrate difficulties traveling unfamiliar stairs?
_____ Yes _____ No _____ Unknown

Does this student demonstrate difficulties traveling familiar stairs?
_____ Yes _____ No _____ Unknown

Does this student use a distance low vision device (e.g., monocular)?
_____ Yes _____ No _____ Unknown

How does this student travel outside in familiar areas?

-uses a walker _____ Yes _____ No _____ Unknown

-uses a wheelchair _____ Yes _____ No _____ Unknown

-uses a cane _____ Yes _____ No _____ Unknown

-holds onto another person _____ Yes _____ No _____ Unknown

-always travels with another person (does not hold on)
_____ Yes _____ No _____ Unknown

-by him/herself without a cane _____ Yes _____ No _____ Unknown

-other: _____

Does this student run into objects when traveling outside? _____ Yes _____ No _____ Unknown

Does this student get lost while traveling outside? _____ Yes _____ No _____ Unknown

How does this student travel outside in unfamiliar areas?

-uses a walker _____ Yes _____ No _____ Unknown

-uses a wheelchair _____ Yes _____ No _____ Unknown

-uses a cane _____ Yes _____ No _____ Unknown

-holds onto another person _____ Yes _____ No _____ Unknown

-always travels with another person (does not hold on)
_____ Yes _____ No _____ Unknown

-by him/herself without a cane _____ Yes _____ No _____ Unknown

-other: _____

Can this student read a street sign? _____ Yes _____ No _____ Unknown

Can this student read addresses outside? _____ Yes _____ No _____ Unknown

Does this student demonstrate a need to wear sunglasses outside?
_____ Yes _____ No _____ Unknown

Does this student demonstrate difficulties traveling in dark places inside the school?
_____ Yes _____ No _____ Unknown

Does this student demonstrate difficulties traveling in dark places outside at night?

Yes No Unknown

Any additional O&M information/concerns that may be helpful:

Please return to:
Annette Miller, TVI, COMS
Vision Supervisor
Outreach Services
Missouri School for the Blind
3815 Magnolia Avenue
St Louis, MO 63110
314-776-4320, ext. 1240
Cell: 314-803-4661
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