

## Learning Media Form

Student Name \_\_\_\_\_

### School Information:

Current School Instructor or Contact \_\_\_\_\_

Current School District attending \_\_\_\_\_

Current School Phone Number \_\_\_\_\_

1. What name does your child like to be called? \_\_\_\_\_

2. What type of technology or adaptive equipment does your student use?

\_\_\_\_\_

3. What level of Braille skills does your student presently have? \_\_\_\_\_

4. How long has he or she been a Braille reader? \_\_\_\_\_

5. What is your child's present reading level? \_\_\_\_\_

6. What is your child's present math level? \_\_\_\_\_

7. What are your child's favorite subjects? \_\_\_\_\_

8. What subject(s) does your child perform best academically? \_\_\_\_\_

### Learning Media:

Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Regular Print \_\_\_\_\_ Audio Materials \_\_\_\_\_

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### Health Information:

Cause of Visual Impairment or Blindness (if known) \_\_\_\_\_

Visual Acuity: Left Eye \_\_\_\_\_ Right Eye \_\_\_\_\_

Additional Disabilities: (Please explain) \_\_\_\_\_

Allergies (include reactions to specific foods) \_\_\_\_\_

Medications \* \_\_\_\_\_

\*Complete Medication Authorization Form in this packet

Behavioral Concerns (Please explain) \_\_\_\_\_

### Mobility Information:

Please check one, which most closely describes your community:

Rural \_\_\_\_\_ Urban \_\_\_\_\_ Suburban \_\_\_\_\_

Are you aware of any orientation or mobility needs that the student has which are presently not being met or planned for? \_\_\_\_\_

Please list any mobility or low vision aids that your child uses. (If equipment is owned or on loan, please bring with you to summer program). \_\_\_\_\_

\_\_\_\_\_