

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). _____