

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

Date: \_\_\_\_\_



## WATI Student Information Guide

### SECTION 10

### Vision

*A vision specialist should be consulted to complete this section.*

#### 1. Date of Last Vision Report \_\_\_\_\_

Report indicates (please address any field loss, vision condition, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### 2. Visual Abilities (Check all that apply.)

- ☐ Read standard textbook print
- ☐ Read text if enlarged to (indicate size in inches) \_\_\_\_\_
- ☐ Requires specialized lighting such as \_\_\_\_\_
- ☐ Requires materials tilted at a certain angle (indicate angle) \_\_\_\_\_
- ☐ Can read using optical aids; list: \_\_\_\_\_
- ☐ Currently uses the following screen enlargement device \_\_\_\_\_
- ☐ Currently uses the following screen enlargement software \_\_\_\_\_
- ☐ Recognizes letters enlarged to \_\_\_\_\_ pt. type on computer screen
- ☐ Recognizes letters enlarged to \_\_\_\_\_ pt. type for \_\_\_\_\_ minutes without eye fatigue.
- ☐ Prefers ☐ Black letters on white ☐ White on black ☐ \_\_\_\_\_ (color) on \_\_\_\_\_
- ☐ Tilts head when reading
- ☐ Uses only one eye: ☐ Right eye ☐ Left eye
- ☐ Uses screen reader: \_\_\_\_\_
- ☐ Requires recorded material, text to speech, or Braille materials

#### 3. Alternative Output

Currently uses (Check all that apply.)

- ☐ Slate and stylus
- ☐ Talking calculator
- ☐ Braille calculator
- ☐ Braille notetaker
- ☐ Electric Braille
- ☐ Refreshable Braille display
- ☐ Tactile images
- ☐ Screen reader
- ☐ Braille translation software: \_\_\_\_\_

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**Level of proficiency** (Check the one that most closely describes the student.)

- |  |  |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts        | <input type="checkbox"/> Requires frequent verbal cues               |
| <input type="checkbox"/> Needs only intermittent cues              | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device |  |

**4. Writing/Handwritten Materials** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Writes using space correctly             | <input type="checkbox"/> Writes on line   |
| <input type="checkbox"/> Writes appropriate size                  | <input type="checkbox"/> Reads own handwriting  |
| <input type="checkbox"/> Reads someone else's writing             | <input type="checkbox"/> Reads hand printing  |
| <input type="checkbox"/> Reads cursive                            | <input type="checkbox"/> Skips letters when copying   |
| <input type="checkbox"/> Requires bold or raised-line paper       | <input type="checkbox"/> Requires softer lead pencils   |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point |

**Summary of Student's Abilities and Concerns Related to Vision** \_\_\_\_\_

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