



## PARENT INPUT

Considering your child's visual impairment, please indicate, by circling the appropriate number, how your child can perform these activities:

	Unable to do	Needs Assistance	Can do independently
<b>FOOD PREPARATION:</b>			
Use appliances/kitchen tools appropriately	1	2	3
Plan/safely prepare a simple meal	1	2	3
<b>SHOPPING:</b>			
Locate items in appropriate store section	1	2	3
Follow appropriate checkout procedures	1	2	3
<b>LAUNDRY:</b>			
Sort clothes	1	2	3
Operate washer/dryer	1	2	3
<b>CLEANING/HOUSEKEEPING:</b>			
Clean floors/dust furniture	1	2	3
Make bed	1	2	3
<b>MENDING/SEWING:</b>			
Thread needle	1	2	3
Sew button	1	2	3
<b>MONEY MANAGEMENT:</b>			
Use vending machines	1	2	3
Budget allotted money	1	2	3
<b>SOCIALIZATION:</b>			
Interacts with peers inside/outside of school setting	1	2	3
Develops/maintains friendships	1	2	3

	Unable to do	Needs Assistance	Can do independently
<b>HOUSEHOLD MECHANICS:</b>			
Uses simple tools safely	1	2	3
Remove/install batteries	1	2	3
<b>SELF-CARE:</b>			
Organizing/matching clothing items	1	2	3
<b>ORGANIZATION:</b>			
Appropriately utilizes paper organizational tools (stapler, paper clips, hole punch, binder, etc.)	1	2	3
Maintains organized work space at home	1	2	3
Plans time to complete school/home responsibilities	1	2	3
<b>RECREATION/LEISURE</b>			
Identifies/pursues/participates in age-appropriate recreation/leisure time activities	1	2	3
<b>SELF-ADVOCACY:</b>			
Understands own visual impairment and explains to others	1	2	3
Identifies resources/organizations available for students with visual impairments	1	2	3
<b>ORIENTATION AND MOBILITY:</b>			
Safely orients self to unfamiliar environments	1	2	3

COMMENTS/CONCERNS: \_\_\_\_\_

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PLEASE RETURN TO YOUR CHILD'S VISION SUPPORT TEACHER AS SOON AS POSSIBLE.