TEAM INTERVIEW FOR FVA

Student Name:

Name of Person Interviewed:

Relationship:
(list: Student, parent, teacher, TVI, O&M, PT, OT, Comm., Dorm etc.)

Date Interviewed:

- Description of student's use of vision including working distances:

- Any changes in vision:

- Other conditions that might affect student's vision (physical limitations, cognitive differences, medications, etc.)

- Student's independent reading level:

- Visual difficulties with school related tasks:

- Hobbies and visual difficulties with these hobbies:
- Adaptations/Accommodations/Low Vision Devices currently used:

- Best lighting:

- Sun protection:

- Mobility Concerns:

- Student's schedule:

- Main Goals/Objectives for a Functional Vision Assessment (current/future):