



Idaho Project for Children and Youth
with
Deaf-Blindness
Fact Sheet

**PARENT INTERVIEW FOR YOUNG CHILDREN
WITH VISION PROBLEMS**

Favorite Things

1. What are your child's favorite toys? How does he/she play with them? Does your child show any interest in toys or activities that have a visual component? How does your child interact with toys?
2. What are your child's favorite activities?
3. What are your child's favorite colors? Does your child see colors?

Visual Activities

4. What type of object does your child reach for? Please describe. Are they of any particular color? Information about color and eye-hand coordination?
5. Does your child have any favorite picture books? Please describe. Does your child look at pictures? What types?
6. Does your child recognize people when they first enter a room without making any sound? How far away are they?
7. When watching television, how far does your child sit from the screen? Can your child see well enough to view television images? What size images can be seen from what distance?
8. When riding in a car, is your child interested in looking out the window or does he/she usually do other things?
9. Have you noticed your child squinting when playing in the bright sunlight or does he/she turn away from bright lights coming in windows or from lamps?

10. Does your child like to look at room lights or at windows for a relatively long period of time? Does your child have any light perception? Does your child perseverate on this behavior?

11. Some children with visual impairment hold their hands near or against their eyes in unusual ways. For example, some children wave a hand in front of one or both eyes; others press against any eye. Have you noticed your child doing anything like this?

12. Does your child appear to tilt his/her head in unusual ways to look at things? A head tilt may mean a field loss or eccentric viewing or finding the null point of nystagmus.

13. Does your child have any difficulty moving about the house? Please describe. Travel skills tell a great deal about visual capabilities.

14. Is your child more hesitant to explore or move about unfamiliar places or open spaces? Please describe. If your child moves more freely in familiar places, vision problems could be a factor.

15. Does your child appear to have any visual difficulty locating and moving on stairs? Are there acuity, depth perception, or contrast sensitivity problems?

16. Please describe your child's outdoor play activities. (Provides an idea of use of vision outdoors or ways that your child interacts with the environment, e.g., likes more active games, prefers to sit in one spot.)

17. How does your child locate things he/she drops on the floor? Please give any example. Does your child use vision to locate lost objects? How?

18. Describe your child's coloring, drawing, cutting, and writing. (Obtain a sample if possible) How does your child use vision on these tasks? Can your child see lines as guides?

For children with eyeglasses

19. Does your child wear his/her glasses all the time? If not, why not? Does your child move his/her glasses forward on the nose or look over the glasses often? How long has your child had the present pair of glasses? Are the eyeglasses the correct prescription? Will your child wear eyeglasses?

If you would like more information, please contact the Idaho Project for Children and Youth with Deaf-Blindness.

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Fact sheets from the Idaho Project for Children and Youth with Deaf-Blindness (IPCYDB) are to be used by both families and Professionals serving individuals with dual-sensory impairments. The information applies to students 0-22 years of age. The purpose of the fact sheet is to give general information on a specific topic. More information for an individual student can be provided through individualized technical assistance available for IPCYDB. This fact sheet is a starting point for further information.

