Youth Employment Solutions (YES2)   
2024 Vision Teacher Reference Request Form

In order to determine both the level of proficiency and to plan a program that would be most beneficial to the applicant, we need to have this form completed by the TVI and/or O&M instructor that has worked most closely with the student. The Applicant will not have a completed application without this form.

To ensure accessibility, please fill out form electronically and return to applicant or directly to Janet George by e-mail: [Janet.George@dsb.wa.gov](mailto:Janet.George@dsb.wa.gov)

**Form is due no later than February 4, 2024**

# Instruction for Screen Reader Users

* Please hit ENTER to type in each field.
* Then TAB to go to the next field.
* Use SPACE BAR to check boxes.

# Section 1 Vision Teacher Contact Information

Name of Vision Teacher making referral

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Email Address

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Phone Number

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| --- |
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School District

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# Section 2 Applicant Information

Applicant Name

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Current Grade

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Vision category:

Low vision

Legally blind

Totally blind

## Format Use

Select all that apply.

Braille

Large Print

Regular Print

Electronic/Audio

Combination

If student uses large print, what size font is preferred?

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| --- |
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## Technology Use

Please select any technology has experience using.

Keyboarding

Handheld magnifier

Monocular

CCTV

Scanner

BrailleNote, or other notetaking device

iPhone/iPad

Android phone/tablet

Mac computer

PC computer

JAWS

Scanning software, such as Kurzweil or OpenBook

ZoomText, or other magnification software

Microsoft Word

Microsoft Excel

Please describe applicant’s competency of use with the selected devices. In what tasks to they use the device?

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# Section 3 Additional Comments

Please include any additional comments about the applicant. Attach additional pages, if necessary.

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# Section 4 Signature

Electronic signature is accepted. Your typed name here will count as your signature.

Signed by:

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| --- |
|  |

Date:

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# Section 1 Orientation and Mobility Teacher Contact Information

*(Please skip section 1 if student receives O&M from dual certified vision teacher)*

Name of Applicant

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Name of Orientation and Mobility Specialist

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Email Address

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Phone Number

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School District

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# Section 2: Mobility Skills

*Please score students on the following items using the 0-3 scale described below:*

*0 = The student does not complete independently/has not had an opportunity to complete this skill or behavior*

*1 = The student typically needs 3 or more reminders/cues or physical help from another to complete this skill or behavior*

*2 = The student typically needs 2 or fewer reminders/cues to complete this skill or behavior*

*3 = The student completes this skill or behavior independently/with no help*

1. Analyzes safety cues (e.g., sounds, visual signals, etc.) and safely crosses residential streets, no crosswalk or signal present:

**Ranking (0-3):       Comments:**

1. Analyzes safety cues (e.g., sounds, visual signals, etc.) and safely crosses residential streets when an APS is **not** present, but other formal cues (e.g., a visual-only walk/don’t walk symbol, a crosswalk without signals, etc.) are present

**Ranking (0-3):       Comments:**

1. Analyzes safety cues (e.g., sounds, visual signals, etc.) and safely crosses streets with an APS present

**Ranking (0-3):**       **Comments:**

1. Regularly brings and uses mobility and vision aids if necessary

**Ranking (0-3):**       **Comments:**

1. Walks to destinations independently

**Ranking (0-3):**       **Comments:**

1. Uses public transportation independently

**Ranking (0-3):**       **Comments:**

1. Navigates indoor spaces safely

**Ranking (0-3):**       **Comments:**

1. Effectively problem-solves when disoriented (e.g., asking for help, using Google Maps or another technology, etc.)

**Ranking (0-3):**       **Comments:**

# Section 3: Additional Comments

Please include any additional comments about the applicant. Attach additional pages, if necessary.

|  |
| --- |
|  |

# Section 4 Signature

Electronic signature is accepted. Your typed name here will count as your signature.

Signed by:

|  |
| --- |
|  |

Date:

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|  |