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

**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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| --- |
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Current Grade

|  |
| --- |
|  |

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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## 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:

|  |
| --- |
|       |

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.

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# Section 4 Signature

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

Signed by:

|  |
| --- |
|       |

Date:

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