

**FOPBC/NFBF-Parents Division
Family/Child Needs Survey**

Parent Name(s) _____

Address _____

City/State _____

Phone/E-mail _____

Child(ren)Name (s)/Age/Grade/Type and Degree of Vision Loss

My child is educated in (circle one)
our local public school a private school home schooled FSDB
other (please specify) _____

My child has (circle one)
An IEP an IFSP a 504 plan Not Sure No individualized plan

My child reads (circle all that apply)
regular print large print Braille does not read

What Is Working Well?

Please rate the statements as follows: 1= working well; 2= working ok; 3= moderate problem; 4=serious problem or NA=not applicable

RATING

_____ My child receives the educational support services he/she needs to attain and maintain age and grade appropriate skills.

_____ My child reads well in print, Braille, or both.

_____ My child receives travel training (O & M) that allows him/her to travel safely and efficiently in home, school, and community.

_____ I have good knowledge of the wide varieties of assistive technology available to assist my visually impaired/blind child with school work.

- _____ My child has access at home and at school to a variety of assistive technology devices to aide learning.
- _____ My child's Braille or large print textbooks and materials are provided at the same time as the rest of the class.
- _____ My child has received good individualized evaluations that have helped develop good educational support plans.
- _____ The FCAT is appropriately adapted for my child's needs.
- _____ My child has additional disabilities that have been identified and are being addressed in a good educational support plan.

Parent/Child/Family Interests

Please rate the statements as follows: 1= strong interest; 2= moderate interest; 3= mild interest; 4= no interest

RATING

- _____ I would like opportunities for social activities with other families.
- _____ I would like to have more opportunities for my child and family to meet and interact with blind adults.
- _____ I would like more opportunities for social and recreational activities for my child
- _____ I would like more opportunities for educational and life skills development activities for my child
- _____ I would like to receive written materials on child development and education issues.
- _____ I am interested in college scholarship opportunities for my child.
- _____ I would like more parent training opportunities.
- _____ I would like a parent advocate to discuss my child's educational program with me and possibly attend school meetings such as IEP.

The National Organization of Parents of Blind Children typically honors an educator on an annual basis for outstanding service to blind and visually impaired students.

Do you know someone we should consider? Yes No

If yes, who: _____

May we include you on our mailing list? Yes No

We welcome additional statements, information, or suggestions that will help us better understand the needs of your blind/visually impaired child and related family issues. We are particularly interested in your experiences with the education of your blind or visually impaired child in FL. Please list any specific concerns you have related to your child's education as well as positive elements that have supported your child's educational success on a separate page. Please feel free to share this with other parents of children who are blind or visually impaired.

Thank you!

FOPBC/NFBF-Parents Division
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