

OHIO STATE SCHOOL FOR THE BLIND
5220 NORTH HIGH STREET
COLUMBUS, OHIO 43214
(614) 468-8869

**2015 SUMMER WORK AND LEARN PROGRAM
JUNE 22, 2015 THROUGH JULY 24, 2015**

Questionnaire

Name: _____

To assist OSSB in planning for your summer training program, please complete this questionnaire:

Daily Living Skills Assessment:

1. Have you lived in an apartment by yourself or with a roommate?
Yes _____ No _____
2. Have you ever been away from home (parents, family members, etc.) for more than two nights?
Yes _____ No _____
3. Do you choose what you are wearing each morning and dress without assistance?
Yes _____ No _____
4. Have you washed, dried and put away your own clothing without assistance?
Yes _____ No _____
5. Have you ever cleaned a bathroom without assistance?
Yes _____ No _____
6. Have you vacuumed carpet in your apartment or home without assistance?
Yes _____ No _____
7. Have you swept and mopped a floor without assistance?
Yes _____ No _____
8. Have you used a microwave without assistance?
Yes _____ No _____
9. Have you used the stove (gas or electric) without assistance?
Yes _____ No _____

10. Have you ever prepared your own breakfast without assistance?

Yes _____ No _____

11. Have you ever prepared your own lunch or dinner without assistance?

Yes _____ No _____

12. Do you do your own grocery shopping?

Yes _____ No _____

13. Do you have your own savings or checking account?

Yes _____ No _____

Technology Skills:

1. Do you use any technology or adaptive equipment? Yes _____ No _____

2. What equipment is it and what level would you consider yourself?

a. Braille Lite _____ Beginner _____ Intermediate _____ Advanced _____

b. Basic Computer _____ Beginner _____ Intermediate _____ Advanced _____

c. Braille Note _____ Beginner _____ Intermediate _____ Advanced _____

3. Do you have any experience with software such as Microsoft Word?

Yes _____ No _____

4. Can you use Jaws/Windows Commands or other screen reader?

Yes _____ No _____

5. Can you use Braille'n Speak? Yes _____ No _____

6. Can you use a CCTV? Yes _____ No _____

7. Can you use a personal notetaker? Yes _____ No _____

If yes, which one?

8. Can you use ZoomText or Duxbury or Window Eyes? Yes _____ No _____

Orientation & Mobility:

You must provide a copy of your most recent orientation and mobility report, if you have received O&M.

Travel Skills

1. Check all applicable aides used:

____ Prescription conventional glasses

____ Prescription contact lenses

____ Prescription spectacle with telescope mounted

____ Sunglasses ~ for glare control

____ Sunglasses ~ for contrast enhancement

____ Hand held magnifier

____ Hand held telescope

If applicable, what power is the telescope? _____

____ Protective glasses

____ Compass

____ GPS

2. Please check all areas where you are able to travel independently and safely:

Classroom _____ Restroom _____ Auditorium _____

Stairs _____ Gym _____ To and from bus stop _____

Office(s) _____ Playground _____

Risers _____ Halls _____

3. Can plan alternate routes when necessary? Yes No

4. Do you use public transportation, i.e. bus, paratransit? Yes _____ No _____

If yes, what type and how often do you use it? _____

5. Please check all of the areas in which you are competent:

a. Uses sighted guide _____

b. Travel independently within familiar indoor locations _____

- c. Familiarizes self with a room _____
- d. Recovers dropped objects _____
- e. Trails to locate specific objectives _____
- f. Utilizes upper/lower protective techniques _____
- g. Uses a pre-cane mobility device _____
- h. Uses cane-diagonal technique _____
- i. Uses cane-two-point touch technique _____
- j. Understands and uses directions for travel purposes _____
- k. Uses five basic travel patterns (straight line, L, U, square & Z) _____
- l. Demonstrates mapping skills _____
- m. Travel independently in residential area _____
- n. Crosses residential streets with 2-way stop signs _____
- o. Crosses residential streets with 4-way stop signs _____
- p. Travel independently in a small business area _____
- q. Analyzes intersections _____
- r. Cross simple traffic light controlled intersections _____
- s. Cross complex traffic light controlled intersections _____
- t. Travel using the bus _____
- u. Travel in a downtown business area _____
- v. Uses a monocular _____
- w. Travels at night _____

Work Experience:

1. Have you ever worked in the past? Yes _____ No _____

If yes, where, when and what type of things did you do?

2. Have you ever participated in any type of paid or unpaid work experience program? Yes _____ No _____ If yes, where, and what type of things did you do?

3. What kinds of jobs interest you and why?

4. What other hobbies and/or interest do you have?

5. Do you have any type of work restrictions? Yes____ No____
If yes, what are they? _____

Transition/Advocacy

1. What transition assessments have you taken? Check those that apply:

Personality_____

Career Interest_____

Learning Style_____

Other _____

2. Which of the following documents have you completed or created:

Resume' _____

Job application _____

Career narrative/personal statement _____

Powerpoint _____

Action plan _____

3. Have you ever been through an interview process?

Yes _____ No_____

4. Have you taken a career education or comparable course in high school or college?

Yes _____ No_____

4. What is your skill level in using the internet?

No skills; I don't use the internet . _____

Some skills; I can access familiar sites for recreational purposes. _____

Good skills; I use the internet to find out information for school and work. _____

Excellent skills; I use the internet to conduct research for personal, school and

work purposes. _____

5. Have you ever, without assistance, obtained needed services (health or medical care, accommodations, adult services, business transactions, utility services)?

Yes _____ No _____

6. Describe a situation in which you needed to advocate for yourself at school, in the community, at home, at work, etc.
