BLIND SERVICE CHICAGO'S PATHWAYS PROGRAM

2026 Teacher Form

To be completed by the student's TVI/O&M teacher

Name of Student _____

VI Teacher's Name _____

VI Teacher's Email Address _____

Student's School _____

Address _____

City _____St._____ Zip _____

Phone _____

Current grade level of student _____

What is the student's visual acuity?

Left Eye_____

Right Eye_____

Does the student have or require a one-on-one aide? If yes, please explain.

Yes___ No___

_____

_____

Has the student ever displayed behavioral problems with you, other adults, or peers? If yes, please explain.

Yes___ No___

_____

Has the student ever displayed disruptive social emotional behavior? If yes, please explain.

Yes___ No ___

_____

Can this student travel independently inside buildings? If no, please explain.

Yes _____ No _____

_____

Travel with a cane? Yes _____ No _____ (If no, please explain)

_____

Please check the following:

Does the student enjoy playing with others?

Yes ___ No ___ Unknown ___

Like team projects:

Yes ___ No ___ Unknown ___

Like team sports:

Yes ___ No ___ Unknown ___

Show satisfactory academic performance?

Yes ___ No ___ Unknown ___

Take initiative before being told what to do:

Yes ___ No ___ Unknown ___

Have a good attitude toward supervision?

Yes ___ No ___ Unknown ___

Easily follows instructions?

Yes ___ No ___ Unknown ___

Complete tasks in a reasonable amount of time:

Yes ___ No ___ Unknown ___

Rank the student's competency in the following areas.

Budgeting Good___ Poor___ Unknown___

Task planning Good___ Poor___ Unknown___

Task completion Good___ Poor___ Unknown___

Mobility Good ___ Poor ___ Unknown ___

House cleaning Good ___ Poor ___ Unknown ___

Hygiene Good ___ Poor ___ Unknown ___

Team sports Good ___ Poor ___ Unknown ___

Physical exercise Good ___ Poor ___ Unknown ___

Overall maturity Good ___ Poor ___ Unknown ___

Signature of VI Teacher: _____ Date:_____