



Sight Checklist

This checklist may assist you in describing your child's sight needs to others. You may not know if or how some of these factors affect your child; that's OK, just fill in what you do know.

General description of my child's sight (e.g. can't see well in bright light):				
Physical activity experience:				
My child:	Yes	No	Not Sure	Comments
Is sensitive to light				
Uses visor, hat, or sunglasses outdoors				
Uses safety strap for glasses				
Wears glasses/contact lenses for physical activity				
Can detect drop off and grade changes				
Has a field of vision limit (describe)				
Can detect colour (indicate best colour or best contrasting colours)				
Needs special viewing techniques (e.g. needs to be very close, or needs to feel someone demonstrating)				
Other concerns e.g. risk of detaching the retina				

My child:	Yes	No	Not Sure	Comments
Can find and describe stationary objects (specify size/colour/distance)				
Can see a ball in the air (specify size/colour/distance)				
Can follow a moving object on the floor (specify size/colour/distance)				
Can imitate an instructor's movements				
Can locate and describe stationary objects (specify distance)				
While moving, can spot a stationary object				
Can see a demonstration to the class (specify distance and/or side it needs to be seen from)				
Can participate in regular physical activity except ... (specify -e.g. needs a human guide, should avoid contact sports)				
Uses a physical mobility aid (such as a walker or cane)				

Included with permission from: "Encouraging Physical Activity For Preschoolers with Visual Impairment: A Resource for Parents", BC Blind Sports and Recreation Association

