



Appendix D:

Orientation Checklist

If the child has not previously used a facility, the following checklist can be used as an orientation list for the adult to ensure the child has had proper orientation to the facility.

- Location of washrooms
- Location of change rooms, or private change areas
- Water fountains or other easily accessible source of hydration
- Accessible seating
- Emergency exits/fire exit route
- Planned meeting area in case of emergency
- Emergency contact person (on site)
- Waste/recycling receptacles
- Clear boundaries of area used for activity
- Where you will stand when instructing
- _____

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Appendix E: Sight Checklist for Physical Activity

Name: _____ Date: _____ Date of Birth: _____

Grade: _____ School: _____ Teacher: _____

Description of Sight:		
Description of Physical Activity History:		
1. Other Visual Factors	YES NO	COMMENTS
• has some degree of light sensitivity		
• should use some type of sunshade, visor, or sunglasses outdoors		
• should use a safety strap for glasses		
• must wear glasses/contact lenses for activity		
• can detect drop-offs and grade changes		
• has a field of vision limit (describe)		
• can detect colours (indicate best colour)		
• needs to use special viewing techniques (identify them)		
• can read regular print - what distance		
• can read large print - what distance		
• must have notes in audio or Braille		
• other (specify)		

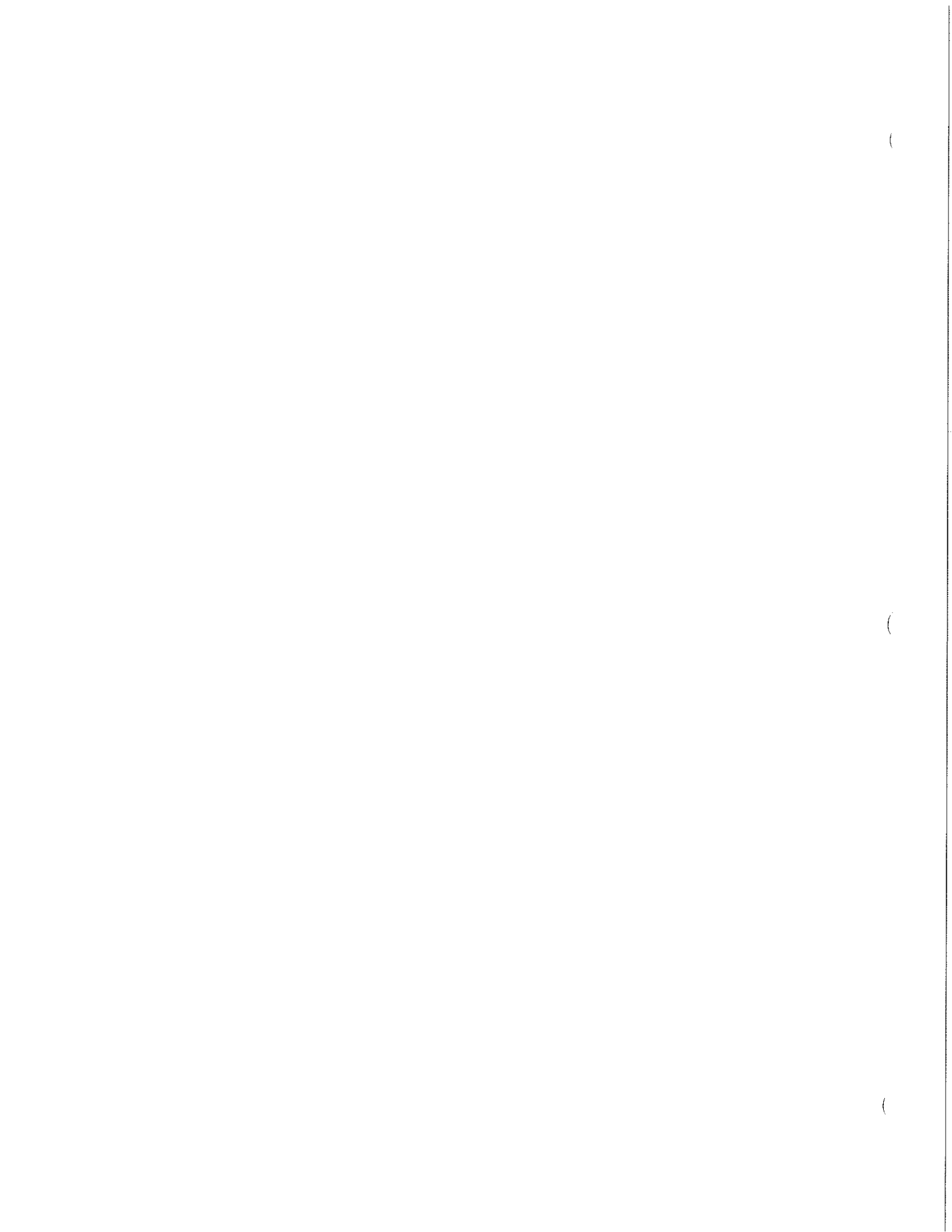
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2. Distance Vision	YES NO	COMMENTS
<ul style="list-style-type: none"> • can locate and describe stationary objects (specify size, colour, and distance) 		
<ul style="list-style-type: none"> • can detect a ball in the air (specify size, colour and distance) 		
<ul style="list-style-type: none"> • can detect a ball in the air (specify size, colour, and distance) 		
<ul style="list-style-type: none"> • can follow the path of a moving object on the floor (specify size, colour, and distance) 		
<ul style="list-style-type: none"> • can imitate the pose or gesture of a teacher (indicate distance) 		
<ul style="list-style-type: none"> • while moving, can locate a stationary object 		
<ul style="list-style-type: none"> • while moving, can locate a moving object 		
<ul style="list-style-type: none"> • can see a demonstration to the class (specify distance) 		
<ul style="list-style-type: none"> • other (specify) 		





3. Medical Considerations	YES NO	COMMENTS
<ul style="list-style-type: none"> can participate in regular physical activity 		
<ul style="list-style-type: none"> can participate in regular physical activity with the exception of certain activities (identify them) 		
<ul style="list-style-type: none"> can participate in contact sports 		
<ul style="list-style-type: none"> can participate in contact sports with the exception of certain activities (identify them) 		
<ul style="list-style-type: none"> has health/medical conditions other than vision that affect participation in certain activities (identify condition and activities) 		
<ul style="list-style-type: none"> other (specify) 		

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4. Orientation and Mobility Development	YES NO	COMMENTS
<ul style="list-style-type: none"> • gym area • locker room facilities • lock and key • outdoor area/track • washrooms • emergency exits • other (specify) 		
<p>5. Vocabulary</p>		
<ul style="list-style-type: none"> • demonstrates an understanding of the activity terms used in physical education classes (e.g. curl, twist, narrow, wide, oval, curved, opposite, etc.) <p>List:</p>		
<p>6. Equipment Familiarity</p>		
<ul style="list-style-type: none"> • understands characteristics of and use of gym equipment (e.g. trampoline, ropes, benches, beams, climbing apparatus, weight room equipment, gymnastics equipment, racquets/paddles/bats) <p>List:</p>		
<p>7. Safety</p>		
<ul style="list-style-type: none"> • uses equipment safely • listens well • follows directions well • asks questions if he/she doesn't understand 		





8. Notes

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Checklist is included with permission from "Active Living Through Physical Education: Maximizing Opportunities for Students Who are Visually Impaired", Canadian Council of the Blind



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