



**Guide Dogs of the Desert
Orientation & Mobility Instructor
Reference Report**



Applicant's name: _____

1. It is the blind person's responsibility to direct the dog, offer praise, and correct poor behavior if required in conjunction with reading traffic and utilizing appropriate orientation skills. In your professional opinion do you feel the applicant would be able to confidently meet these criteria? _____

2. Considering the commitment involved in having, using, and maintaining a guide dog, does the applicant possess the emotional stability, self-discipline, and physical stamina required to be a confident leader of a successful guide dog team? _____

3. Does applicant have an appropriate attitude toward instruction and constructive criticism? Is there any information that you can offer that would be helpful for the applicant's instructor? _____

4. When did this applicant begin and conclude orientation and mobility instruction? Please describe the extent of the instruction (i.e. multilane crossing, lighted intersections, refresher course, etc.) _____

5. Has applicant ever had any blindfold training? _____

6. Does applicant have any cognitive disabilities that limit independent travel? _____

6. Does applicant have any learning difficulties or disabilities? _____

7. Does applicant have a hearing loss that affects his/her ability to read traffic consistently, thereby enabling him/her to safely execute street crossings? Does the applicant wear hearing aides? _____

8. Describe the applicant's ability to judge the flow of traffic through both controlled and uncontrolled intersections. _____

9. Do you feel that the reported vision loss is true and correct? _____

10. Does applicant have stable, functional travel vision? If so, what are the observed or reported limiting factors? _____

11. Does the applicant routinely travel using a long cane? _____

12. Does applicant routinely travel independently or do they often rely on sighted guides? _____

13. In your professional opinion do you feel the applicant needs a guide dog? _____

14. In your professional opinion do you think their O&M skills and life would be enhanced by the use of the guide dog? _____

15. Do you believe the applicant is currently active or desires to be more active? Please explain. _____

16. What role does the applicant's family play in their goal to be independent? (i.e. supportive, overprotective, encouraging, pressuring the applicant to get a guide dog) _____

17. Does applicant deal appropriately with the public? _____

18. Has this applicant ever attended a guide dog school? _____

If so, please list the name of the school(s) _____

Did they graduate and leave with a dog(s)? _____

19. To the best of your knowledge, does this applicant overindulge or abuse drugs or alcohol? _____

20. Any other comments or concerns relating to this applicant: _____

Completed by: _____

Name of Facility: _____

Address: _____

Telephone Number: _____ FAX Number: _____

Email address: _____

Signature: _____

Date: _____

Thank you very much for your assistance. ALL INFORMATION IS CONFIDENTIAL.

Please mail completed questionnaire to: **Guide Dogs of the Desert**
PO BOX 1692
Palm Springs, CA 92263

Or you may email your responses to: admissions@gddca.org

Admissions office number: **(760) 329-6257**

Fax number: **(760) 329-2866**