



Blind Services Professional Reference Report



1. How long have you worked with the applicant? _____

To help us best judge the applicant's level of daily independence, we need to know about the following tasks:

2. Is their dwelling maintained in a neat and orderly fashion? Yes No Unsure

3. Please describe applicant's personal hygiene and appearance _____

4. Do they communicate effectively with others? Yes No Unsure

5. Do they mix well in social gatherings? Yes No Unsure

6. Please provide information about applicant's attendance, punctuality, participation, progress, and self-advocacy while in your program.

7. How do you think the spouse, family members, and others they live with feel about applicant's independence? _____

To help us best judge the applicant's ability to travel independently, we need to know about the following tasks:

8. Do they use a white cane? Yes No

9. Do they travel alone from home to places such as work, school, church, local businesses etc.? Yes No Unsure

10. Do they cross major lighted intersections unassisted? Yes No Unsure

11. Do they use transit systems for disabled persons, such as dial-a-ride?
 Yes No Unsure

12. Do they use local *regular* transit systems, such as buses, subway, or light rail, accessed at fixed stations or stops? Yes No Unsure

Having a guide dog requires much responsibility and self-motivation. We need to know information about the following:

13. Guide dog training can be challenging, but we can modify the training for medical conditions. To the best of your knowledge, does applicant have any medical conditions we should know about? Yes No

If so, please explain _____

14. Do they deal effectively with their medical conditions, (i.e. diabetes, the dispensing of their own medication, etc.) Yes No Unsure

15. Is the applicant an independent thinker and problem solver? Yes No

Please explain _____

16. Do you feel the applicant would benefit from the services of a guide dog?
 Yes No Unsure

17. Has applicant ever had a guide dog? Yes No
From which Guide Dog School? _____

18. Do they care for pets, appropriately? Yes No Unsure

19. Are their pets overweight? Yes No Unsure

20. To help us in specializing and personalizing instruction, as well as making the best dog match for the applicant, are there any areas we should be aware of regarding the applicant and their potential guide dog training? Yes No

Please explain _____

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: Admissions**
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**