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