

1. Do you feel that the reported vision loss is true and correct? Yes No

2. Does applicant have stable, functional travel vision? Yes No

If yes, are there observed or reported limiting factors (i.e. consistent in all lighting conditions, uses vision appropriately and safely)?

Explain _____

3. Has applicant ever had any blindfold training? Yes No

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. On a scale of 0 to 5 (where 0=unknown 1=poor, 2=fair, 3=good, 4=very good, 5=excellent) please rate the applicant's:

Proficiency in intersection analysis/street crossing decisions at familiar intersections.

0 1 2 3 4 5

Proficiency in intersection analysis/street crossing decisions at unfamiliar intersections.

0 1 2 3 4 5

Capability of remaining oriented on specific routes.

0 1 2 3 4 5

Ability to problem solve when the need arises.

0 1 2 3 4 5

6. Has this applicant ever attended a guide dog school? Yes No

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

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

7. Does applicant have an appropriate attitude toward instruction and constructive criticism?

Yes No

8. Does applicant routinely travel independently with a long cane? Yes No

9. In your observation, do they often rely on sighted guides? Yes No

10. 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)?

11. Do you believe the applicant is currently active? Yes No

12. Does the applicant desire to be more active? Yes No

13. Does applicant have a hearing loss that affects his/her ability to read traffic consistently?

Yes No

If yes, what adaptations have been developed to execute an all clear "safe to cross" street crossing (i.e. hearing aids, re-routing, the avoidance of independent crossing)?

Explain _____

14. To the best of your knowledge, does this applicant overindulge or abuse drugs or alcohol?
 Yes No
15. Does applicant have any cognitive or any learning disabilities that limit independent travel and/or understanding instruction? Yes No
16. Does applicant deal appropriately with the public? Yes No
17. In your opinion, can this client cope with the challenge of being in a group environment along with learning and adapting to work with a guide dog for the duration of the 28-day training period? Yes No
18. In your opinion, is this client able to handle the daily responsibilities that a guide dog requires (i.e. the financial responsibility, caring for the wellbeing of the dog, reading traffic and utilizing appropriate orientation skills)? Yes No
19. In your opinion, do you consider the applicant a good candidate for training with a guide dog (i.e. emotionally stable, self-disciplined, confident, and in possession of good physical stamina)? Yes No
20. Please add any explanation relevant to your answers or other comments or concerns that relates 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: 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**