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