

For:

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

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, etc.)?

Explain _____

3. 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.) _____

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4. 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 street crossing decisions at familiar intersections. (Do they have the skills, knowledge and experience to complete intersection analysis and understand traffic patterns to complete safe, independent street crossings?) Yes No, explain _____

0 1 2 3 4 5

Proficiency in street crossing decisions at unfamiliar intersections. (Do they have the skills, knowledge and experience to complete intersection analysis and understand traffic patterns to complete safe, independent street crossings?) Yes No, explain _____

0 1 2 3 4 5

Capability of remaining oriented (understands concepts of position, location, direction, distance, and reference systems on specific routes). Yes No, explain _____

0 1 2 3 4 5

Ability to problem solve (processes sensory input and make decisions quickly enough while multi-tasking) when the need arises. Yes No, explain _____

0 1 2 3 4 5

5. 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)?

6. Does applicant understand their learning style and are able to self-advocate and communicate information to instructors to facilitate their learning? (including an appropriate understanding and attitude toward instruction and the value of constructive criticism to build effective skill acquisition) Yes No, explain _____

7. Does applicant routinely and effectively travel independently with a long cane? Yes No

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

9. Do you believe the applicant has the capacity to walk for 30 minutes (one mile) daily at a speed conducive to guide dog travel without experiencing shortness of breath, fatigue, undue muscle soreness or cardiovascular stress? Yes No

10. Do they currently have the technical O&M skills to increase their activity (understanding the principles and practice of orientation both indoors and outdoors extending to route planning and execution)? Yes No

11. Does applicant have a hearing loss that affects their 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 _____

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12. To the best of your knowledge, does this applicant have the ability to maintain balance while negotiating curbs, steps, traveling over varied surfaces, and executing body movements in completing turns while following a guide dog? Yes No

13. Does the applicant have any cognitive or any learning disabilities that limit independent travel, processing concepts and/or understanding instruction? Yes No

14. Is the applicant prepared and capable of communicating with and directing others in order to foster appropriate interactions with a guide dog and to maintain an environment that preserves its training, health and positive behavior? Yes No

15. In your opinion, is this client independent enough to cope with the challenge of adapting to a group environment along with learning and adapting to the technical skills needed with a guide dog for the duration of the 28-day training period? Yes No

16. 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, the occasional management and redirection of distracted behavior, regular leash-relieving in all weather, providing regular opportunities for energy release, etc.)? Yes No

17. In your opinion, do you consider the applicant a good candidate for training with a guide dog (i.e. emotionally stable, self-disciplined, confident, technically skilled, and understands the roles of handler and guide dog within a mobility context)? Yes No

18. Please add any explanation relevant to your answers or other comments that relate to this applicant: _____

Completed by: _____ **Date:** _____

Email Address: _____

Phone Number: _____ **FAX Number:** _____

Please email completed questionnaire to: admissions@gddca.org

Admissions office number: **(760) 329-6257** GDD's Fax number: **(760) 329-2866**