 

|  |  |
| --- | --- |
| Clinic - Opthalmology**Young people** | **Moving On for Young People who have a Visual Impairment** |
|  | **Leaving School Transition Project** |

|  |  |
| --- | --- |
|  | **We want to support you to think about:** |
|  | **What you need to know as you leave school** |
|  | **What you need to do as you leave school** |

|  |  |
| --- | --- |
|  | **This form will help you put together a folder** |
|  | **You can do this yourself** |
|  | **Or you can ask someone to help** |

|  |  |
| --- | --- |
|  | **Things you need to do are:** |
|  | **Start as soon as you can** |
|  | **Think about what is important to you** |
|  | **Think about what you want to find out about** |

|  |  |
| --- | --- |
|  | **Look at the questions and pick the ones you are going to answer** |
|  | **Put the answers in your folder** |

|  |  |
| --- | --- |
|  | **Questions** |
| **Eye** | **About your visual impairment and your daily life** |
|  | 1. **What is your visual impairment called?** |
|  | 1. **How would you describe to someone who does not know you, what effect your visual impairment has on how you see?** |
|  | 1. **What is your visual acuity (distance)?**   **What does that mean for you?** |
|  | 1. **What print size do you like to read?**   **This is point 24**  **This is point 22**  **This is point 20**  **This is point 18**  **This is point 16**  **This is point 14** |
|  | **5a. What font style do you like to read?**  **This is Calibri**  **This is Arial**  **This is Comic Sans**  **This is Helvetica**  **You might find another font easier to read** |
|  | **5b. What line spacing do you like?**  **This is single spacing**  **This is single spacing**  **This is single spacing**  **This is double spacing**  **This is double spacing** |

|  |  |
| --- | --- |
|  | 1. **What colour of paper do you prefer?** |
|  | 1. **What is good contrast on printed material for you?**      |  |  |  | | --- | --- | --- | | **Black print on white paper** | **White print on black paper** | **Something different?** | |
|  | 1. **Do you have any preferences related to contrast? (if you do, please give some details)** |
|  | 1. **Do you have any reduced visual field? (if yes please describe it)** |
|  | 1. **Do you have issues with visual crowding and visual clutter? (if you do, please describe them)** |
|  | 1. **Do you have any issue seeing colour? (if you do, please describe it)** |
|  | **12a. What equipment/technology do you use to be independent in reading?** |
|  | **12b. What equipment/technology do you use to be independent in writing?** |
|  | **12c. What equipment/technology do you use to be independent in studying?** |

|  |  |
| --- | --- |
|  | **Questions** |
|  | **About technology**  **You may be able to get special technology at home, at work or during study.** |
|  | **13a. What is the name of the assistive technology that you have used at school** |
|  | **13b. How does this support you?** |
|  | 1. **Is there any other assistive technology that may help you?**   **What is it?**  **How could it help you?** |
|  | 1. **Who do you contact to get an access to work assessment if you are offered a job?** |

|  |  |
| --- | --- |
|  | **Questions** |
| **Clinic - Opthalmology** | **About** **Hospital Eye Clinic and Community Optometrist (Optician)** |
|  | 1. **If you attend the Eye Clinic who do you see?** |
| **Clinic - Opthalmology** | 1. **How would you get an appointment at the Eye Clinic?** |
|  | 1. **How often do you visit the Eye Clinic?** |
|  | 1. **Which Optometrist (Optician) do you see?** |
|  | 1. **How often should you go to the Optometrist (Optician) and when are you next due an appointment?** |
| **Spectacles** | 1. **Do you have a copy of your glasses prescription or know how to get one?** |

|  |  |
| --- | --- |
|  | **Questions** |
| Support - extra support | **Local and National Support** |
|  | 1. **What is the name of the organisation (or society) which provides support for people with visual impairment in your local area?** |
|  | 1. **How can this organisation be helpful to you?** |
|  | 1. **How would you contact this organisation?** |
|  | 1. **What support can your local authority provide people with a visual impairment?**   **How can you get in contact?** |
|  | 1. **What are the names of national organisations which provide support for people with visual impairment?** |
|  | 1. **How can these organisations be helpful to you?** |
|  | 1. **How would you contact these organisations?** |

|  |  |
| --- | --- |
|  | **Questions** |
|  | **About Registration** |
|  | 1. **Are you eligible to be registered as Sight Impaired or Severely Sight Impaired?** |
|  | 1. **What is the difference between child ‘notification to VINCYP’ and the adult ‘registration’ system?** |
|  | 1. **What are the advantages of registering as Sight Impaired or Severely Sight Impaired?**   **How would you apply for these?** |

|  |  |
| --- | --- |
|  | 1. **What is the process for being registered as an adult?** |

|  |  |
| --- | --- |
|  | **Questions** |
|  | **Further Education, Higher Education and Employment** |
|  | **Do you know that when moving into further education, higher education and employment you may still be entitled to specialist services, e.g. a reader, a scribe, a mobility officer/ habilitation specialist/rehab worker?** |
|  | **Who would you contact to find out about benefits that you may be entitled to?** |
|  | 1. **How do you get an appointment with a careers advisor after you leave school?** |
|  | 1. **How can you find out about employment support for disabled people?** |
|  | 1. **Who is responsible for supporting disabled students at the college / university that you are moving on to?** |
| Budgeting | 1. **How do you apply for a grant towards technology for study?** |

## **Useful contacts:**

**The below table has four columns and fourteen rows**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation name** | **Contact name at the organisation** | **Phone Number** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**This questionnaire has been adapted from CIVISTA**

# **End of document**