# WSSB Referral Questionnaire

Getting to know students before beginning at WSSB assists in preparing services, assessments, and tools that will support a successful start. Your experience with the student helps us understand how their experiences, skills, and needs might be addressed at a school for the blind.

Name of person completing questionnaire:

Student Name:

Relationship to student:

Describe to the best of your knowledge, the skills and experiences the student has in the following areas

Academic Skills (include reading, writing, math, and any content based instructional performance information)

General Background:

Strengths:

Areas of need:

Social Skills and Relationships (include friendships, experiences with peers, or other social interaction information)

General Background:

Strengths:

Areas of need:

Orientation and Mobility Skills (Include information regarding travel within a typical day and week that may be helpful to an O&M instructor)

General Background:

Strengths:

Areas of need:

Technology Skills (Include areas of academic, non-academic, recreational, or social use of technology and how they interact with technology)

General Background:

Strengths:

Areas of need:

Independent Living Skills (Include areas of self-care, independent routines, meal prep, time management, and additional independence skills)

General Background:

Strengths:

Areas of need:

Social-Emotional Skills (Include information on self-identity with a disability, views of self, and views of others)

General Background:

Strengths:

Areas of need:

Managing Challenges (Include information on behaviors, perseverance, independence, and how the student handles various challenges in school, life, home, or other areas)

General Background:

Strengths:

Areas of need: