



# Appendix E: Sight Checklist for Physical Activity

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>Description of Sight:</b>		
<b>Description of Physical Activity History:</b>		
<b>1. Other Visual Factors</b>	<b>YES NO</b>	<b>COMMENTS</b>
• has some degree of light sensitivity		
• should use some type of sunshade, visor, or sunglasses outdoors		
• should use a safety strap for glasses		
• must wear glasses/contact lenses for activity		
• can detect drop-offs and grade changes		
• has a field of vision limit (describe)		
• can detect colours (indicate best colour)		
• needs to use special viewing techniques (identify them)		
• can read regular print - what distance		
• can read large print - what distance		
• must have notes in audio or Braille		
• other (specify)		



2. Distance Vision	YES NO	COMMENTS
<ul style="list-style-type: none"> <li>can locate and describe stationary objects (specify size, colour, and distance)</li> </ul>		
<ul style="list-style-type: none"> <li>can detect a ball in the air (specify size, colour and distance)</li> </ul>		
<ul style="list-style-type: none"> <li>can detect a ball in the air (specify size, colour, and distance)</li> </ul>		
<ul style="list-style-type: none"> <li>can follow the path of a moving object on the floor (specify size, colour, and distance)</li> </ul>		
<ul style="list-style-type: none"> <li>can imitate the pose or gesture of a teacher (indicate distance)</li> </ul>		
<ul style="list-style-type: none"> <li>while moving, can locate a stationary object</li> </ul>		
<ul style="list-style-type: none"> <li>while moving, can locate a moving object</li> </ul>		
<ul style="list-style-type: none"> <li>can see a demonstration to the class (specify distance)</li> </ul>		
<ul style="list-style-type: none"> <li>other (specify)</li> </ul>		



3. <b>Medical Considerations</b>	YES NO	COMMENTS
<ul style="list-style-type: none"> <li>• can participate in regular physical activity</li> </ul>		
<ul style="list-style-type: none"> <li>• can participate in regular physical activity with the exception of certain activities (identify them)</li> </ul>		
<ul style="list-style-type: none"> <li>• can participate in contact sports</li> </ul>		
<ul style="list-style-type: none"> <li>• can participate in contact sports with the exception of certain activities (identify them)</li> </ul>		
<ul style="list-style-type: none"> <li>• has health/medical conditions other than vision that affect participation in certain activities (identify condition and activities)</li> </ul>		
<ul style="list-style-type: none"> <li>• other (specify)</li> </ul>		



4. <b>Orientation and Mobility Development</b>	YES NO	COMMENTS
<ul style="list-style-type: none"> <li>• gym area</li> <li>• locker room facilities</li> <li>• lock and key</li> <li>• outdoor area/track</li> <li>• washrooms</li> <li>• emergency exits</li> <li>• other (specify)</li> </ul>		
<p><b>5. Vocabulary</b></p>		
<ul style="list-style-type: none"> <li>• demonstrates an understanding of the activity terms used in physical education classes (e.g. curl, twist, narrow, wide, oval, curved, opposite, etc.)</li> </ul> <p>List:</p>		
<p><b>6. Equipment Familiarity</b></p>		
<ul style="list-style-type: none"> <li>• understands characteristics of and use of gym equipment (e.g. trampoline, ropes, benches, beams, climbing apparatus, weight room equipment, gymnastics equipment, racquets/paddles/bats)</li> </ul> <p>List:</p>		
<p><b>7. Safety</b></p>		
<ul style="list-style-type: none"> <li>• uses equipment safely</li> <li>• listens well</li> <li>• follows directions well</li> <li>• asks questions if he/she doesn't understand</li> </ul>		



8. **Notes**

Checklist is included with permission from "Active Living Through Physical Education: Maximizing Opportunities for Students Who are Visually Impaired", Canadian Council of the Blind

