STUDENT INTERVIEW

Name of the school/institution:	Grade:
Name of the student:	Date:
Can you tell me about your visual impairment?	
Does your school offer any leisure/game activity	that involves technology?
Do you enjoy interacting in those activities?	
In terms of activities in your school what do you	enjoy most?
Are you able to see your reading material withou	ut glasses?
Are you able to see any presentation displays strategy do you use to enable you to see?	ed in the board? If no what