

PARENT INTERVIEW

Name of the interviewed:

Date:

Student name:

What is your understanding of your child's visual impairment?

What activities does your child do during leisure time?

How does he/she interact with other children?

If No/Yes kindly elaborate further

Does he/she have difficulties interacting with other children?

Does your child have a chance to interact with tech?

If Yes explain how?

If No explain where you think the gap is?