**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?