**Field Evaluator Form for  
APH’s *Building on Patterns,  
Second Edition, Prekindergarten***

Please fill out the following form about your student(s) and yourself, and send it to: Sara Lee, [slee@aph.org](mailto:slee@aph.org), by **April 29, 2016**.

**STUDENT INFORMATION**

**1. Child’s Age**

**Tactual Learner?** YesNo

**Please describe the child’s eye condition(s) and level of functional vision:**

**Additional Disabilities Diagnosed?** YesNo

**If applicable, describe the child’s additional disabilities:**

**English spoken at home?** YesNo

**Service Delivery Setting (center-based, inclusive, itinerant, residential, etc.)**

**2. Child’s Age**

**Tactual Learner?** YesNo

**Please describe the child’s eye condition(s) and level of functional vision:**

**Additional Disabilities Diagnosed?** YesNo

**If applicable, describe the child’s additional disabilities:**

**English spoken at home?** YesNo

**Service Delivery Setting (center-based, inclusive, itinerant, residential, etc.)**

**3. Child’s Age**

**Tactual Learner?** YesNo

**Please describe the child’s eye condition(s) and level of functional vision:**

**Additional Disabilities Diagnosed?** YesNo

**If applicable, describe the child’s additional disabilities:**

**English spoken at home?** YesNo

**Service Delivery Setting (center-based, inclusive, itinerant, residential, etc.)**

**4. Child’s Age**

**Tactual Learner?** YesNo

**Please describe the child’s eye condition(s) and level of functional vision:**

**Additional Disabilities Diagnosed?** YesNo

**If applicable, describe the child’s additional disabilities:**

**English spoken at home?** YesNo

**Service Delivery Setting (center-based, inclusive, itinerant, residential, etc.)**

If you have other students, please provide this same information for them. (Type the information here or send separately.)

**TEACHER INFORMATION**

* **Your full name**
* **Your professional title**
* **Your certifications and degrees**
* **How long you have been teaching students with visual impairments?**
* **School or Agency Name**
* **Type of setting (e.g., center-based, residential, resource, itinerant)**
* **School or Agency mailing address including city, state, and zip code**
* **Your preferred reading medium (print, large print, braille, electronic)**
* **Email address**
* **Best phone number to reach you**
* **Short explanation of your interest in wanting to field test this product with your student(s)**

**Thank you for your interest in field testing for  
the American Printing House for the Blind!**