Visual Impairment

Assessment Documentation

School System_____ School_____ Grade_____

Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
▪ Visual Acuity	❑ Yes	❑ No
o Legal Blindness—20/200 or less at distance and/or near	❑ Yes	❑ No
o Low Vision—20/50 or less at distance and/or near	❑ Yes	❑ No
▪ Visual Field Restriction	❑ Yes	❑ No
o Legal Blindness—remaining visual field of 20 degrees or less	❑ Yes	❑ No
o Low Vision—remaining visual field of 60 degrees or less	❑ Yes	❑ No
▪ Medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually		
▪ Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition	❑ Yes	❑ No
2. Evaluation Procedures		
▪ eye exam and evaluation by ophthalmologist or optometrist that includes documentation of eye condition with best possible correction	❑ Yes	❑ No
o name of physician: _____ o date of report: _____		
o eye exam report includes etiology, diagnosis, and prognosis	❑ Yes	❑ No
Written Functional Vision and Media Assessment includes		
▪ observation of visual behaviors – school, home, other environments	❑ Yes	❑ No
▪ educational implications of eye condition (from eye report)	❑ Yes	❑ No
▪ Expanded Core Curriculum Skills Assessment and/or Screening		
o orientation and mobility	❑ Yes	❑ No
o social interaction	❑ Yes	❑ No
o visual efficiency	❑ Yes	❑ No
o independent living	❑ Yes	❑ No
o recreation and leisure	❑ Yes	❑ No
o career education	❑ Yes	❑ No
o assistive technology	❑ Yes	❑ No
o compensatory skills	❑ Yes	❑ No
o evaluation of reading and writing skills, needs, appropriate reading and writing media	❑ Yes	❑ No
o evaluation current and future needs for braille	❑ Yes	❑ No
▪ school history and levels of educational performance	❑ Yes	❑ No
▪ documentation (observation and/or assessment) of how Visual Impairment adversely impacts educational performance	❑ Yes	❑ No

_____ _____/_____/_____

Signature of Teacher of Students with Visual Impairments Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date