



Deaf-Blindness and Visual Impairment Evaluation Guidance

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).¹

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),² and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.³

IDEA Definition of Visual Impairment

Per 34 C.F.R. §300.8(c)(13) Visual Impairment including blindness means *"an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness."*

IDEA Definition of Deaf-Blindness

Per 34 C.F.R. §300.8(c)(2), deaf-blindness means *"concomitant hearing and visual impairment the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness."*

¹ <http://www.tn.gov/education/article/special-education-evaluation-eligibility>

² <http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf>

³ Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

Section I: Tennessee Definition

Tennessee Definitions of Visual Impairment and Deaf-Blindness

Visual Impairment, including blindness, means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Visual impairment includes at least one of the following:

- (1) Visual acuity in the better eye or both eyes with best possible correction:
 - (a) Legal blindness—20/200 or less at distance and/or near; or
 - (b) Low vision—20/70 or less at distance and/or near.

- (2) Visual field restriction with both eyes:
 - (a) Legal blindness—remaining visual field of 20 degrees or less;
 - (b) Low vision—remaining visual field of 60 degrees or less; or
 - (c) Medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.

- (3) Other visual impairment, not perceptual in nature, resulting from a medically documented condition (i.e., cortical visual impairment).

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. A child with deaf-blindness shall be:

- (1) A child who meets criteria for deafness/hearing impairment and visual impairment;⁴ and

- (2) A child who is diagnosed with a degenerative condition or syndrome which will lead to deaf-blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or

- (3) A child with severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

⁴ See the Tennessee department of education's evaluation and eligibility site for criteria related to deafness/hearing impairment: <http://www.tn.gov/education/article/special-education-evaluation-eligibility>

What does this mean?

A visual impairment, including blindness, is a sensory impairment that, even with correction (e.g., prescription eyeglasses or contacts), adversely affects the child's educational performance and access to the educational, home, and community environments. The term includes low vision, total blindness, visual field restrictions, progressive vision loss, and any other visual impairment.⁵

Blindness does not necessarily mean that a child cannot see anything. Legal blindness means that a student has acuity of 20/200 or less as measured by an optometrist or ophthalmologist. This number means that a person with 20/200 acuity, standing 20 feet from a target, sees approximately the same thing as a person with 20/20 acuity standing 200 feet from the same target. People who are legally blind often can still read regular print with accommodations and often can travel without assistance or the use of a white cane.

Low vision is a term used to describe one's vision when that individual has reduced visual acuity, even with glasses, surgery, or other medical treatment. The term "low vision" can be used to describe anyone with reduced visual acuity; even someone who reads braille may have usable, functional vision that helps with daily tasks and therefore, would be said to have low vision.

In order for IEP teams to accurately determine whether a student meets Tennessee's eligibility criteria, the medical eye report must include at least one of the following:

- visual acuity or an estimation of visual acuity,
- a statement about visual field,
- identification of medical eye condition that is progressive in nature, **or**
- identification of any other visual impairment (i.e., not perceptual in nature).

Other visual impairments should also be considered, even with correction. An example of a visual impairment that is not perceptual in nature is a cortical visual impairment. **Cortical visual impairment** describes a visual impairment due to damage to visual pathways or visual centers in the brain. Diagnoses such as deficits in visual memory, visual perception, or visual motor integration are not included in these criteria as they are perceptual in nature; these processes do not occur in the visual centers or visual pathways of the brain.

In order to meet the criteria for deaf-blindness, a child must meet the criteria for both a visual impairment and deafness or demonstrate a syndrome or condition that is progressively leading to the deafness and blindness.

⁵ See the office of special education programs Memo from May 22, 2017:
<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/letter-on-visual-impairment-5-22-17.pdf>

For more information about various types of visual impairments, visit:

<http://www.parentcenterhub.org/repository/visualimpairment/>.

The state of Tennessee defines deafness as a profound hearing impairment so severe that the student is unable to comprehend verbal language and/or perceive sound in any form, with or without amplification. The student relies heavily on visual and/or kinesthetic and/or tactile information (e.g., lip reading, sign language, physical prompts, cued speech, and manipulatives). Deafness is the most severe form of hearing impairment. According to the National Dissemination Center for Children with Disabilities, hearing loss above 90 decibels is considered deafness, which means a hearing loss below 90 decibels is classified as a hearing impairment.⁶

Hearing impairment is further defined as an impairment in hearing, whether permanent or fluctuating, in one or both ears, that negatively impacts detection and understanding of speech and perception of sound through the ear alone, thus preventing the student from participating fully in classroom interaction and from benefiting adequately from school instruction.

When analyzing the definition of deaf-blindness, several areas typically require clarification:

- amplification,
- communication, and
- adversely affects educational performance.

Amplification

Amplification refers to the ability to amplify sounds to assist those with hearing loss. Examples of amplification devices include hearing aids, cochlear implants, and FM devices.

Communication

Communication is typically defined as the ability to use and comprehend language effectively.

Adversely Affects a Child's Educational Performance

One of the key factors in determining whether a student demonstrates an **educational** disability under IDEA and Tennessee special education rules is that the defined characteristics of the disability adversely affect a child's educational performance. The impact of those characteristics must indicate s/he **needs** the support of specially designed instruction or services beyond accommodations and interventions of the regular environment. When considering how to determine this, teams should consider if the student requires specially designed instruction in order to benefit from his/her education program based on identified deficits that could impact a student's performance such as the inability to communicate effectively, significantly below-average academic achievement, the inability to independently

⁶ NICHCY is the National Dissemination Center for Children with Disabilities. Deafness and Hearing Loss fact sheet (June, 2010) was retrieved from: http://www.parentcenterhub.org/wp-content/uploads/repo_items/fs3.pdf

navigate a school building, or the inability to take care of self-care needs without support. Therefore, how disability characteristics may adversely impact educational performance applies broadly to educational performance, and teams should consider both quantity and quality of impact in any/all related areas (e.g., academic, emotional, communication, social, etc.).

When thinking about deafness, the child's educational performance may be additionally adversely affected in one or more of the following areas:

- Inability to learn through auditory-focused modalities (e.g., lectures, classroom discussions, peer interactions, watching educational films)
- Inability to participate in orally based classroom activities (e.g., taking oral exams, giving presentations, taking notes)
- Inability to communicate learned skills due to delayed language development in preferred modality (e.g., speech, ASL, other sign language)

Section II: Pre-referral and Referral Considerations

It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, school districts can provide preventative, supplementary differentiated instruction and supports to students.

General Pre-Referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the department supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The [MTSS framework](#) is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI²), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI²-B). Within the RTI² Framework and RTI²-B, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI² Manual](#), & [RTI²-B Manual](#)).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based

differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations:

Interventions used for EL students must include evidence-based practices for ELs.

The [Individuals with Disabilities Education Act \(IDEA\)](#) ensures that children who have hearing loss receive free, appropriate early intervention programs from birth to age three and throughout the school years (ages three to 21). According to American Speech-Language-Hearing Association (ASHA), early intervention services for infants and toddlers should be family centered and designed to:

- Help the child stay on schedule with his/her speech, language, and communication skills
- Enhance understanding of the child's hearing loss and special communication needs
- Support families in a way that helps them feel confident in raising a child with hearing loss
- Keep track of the child's progress and to make decisions for intervention and education each step of the way as the child develops

Effective early intervention has been identified as one of the most successful avenues to success for students who are deaf or hard of hearing comparable with their age peers. Infants identified with hearing loss can be fit with amplification as young as four weeks of age. With appropriate early intervention, language, cognitive, and social development for these infants is very likely to develop on par with hearing peers. Recent research has concluded that children born with a hearing loss who are identified and given appropriate intervention prior to six months of age have significantly better language skills than those identified after six months of age. In Tennessee, the Tennessee Early Intervention System (TEIS) provides a statewide, home-based program for families of infants and toddlers aged birth to three. A trained parent advisor visits in the home weekly to train and give support to parents utilizing a curriculum that emphasizes communication skills, hearing aid management, auditory skills, language skills, and developmental skills.

Prevention and Intervention Considerations

It is important for families to follow up with medical eye care professionals to obtain information related to acuity, underlying medical conditions, and any medical treatment that may improve their child's visual functioning. Undiagnosed medical visual conditions or

refractive errors can prevent a child from accessing his/her environment (i.e., seeing and independently locating toys, social cues, peers, family, etc.). Early medical attention may improve a child's visual access to the environment and therefore improve his ability to learn and develop skills commensurate with peers.

[Tennessee's Early Intervention System \(TEIS\)](#) provides support for families with children with disabilities (ages birth to three years). Children with visual impairments may be eligible for early intervention services as they often demonstrate delays in motor skills, social skills, and adaptive skills related to their visual impairment even after corrective lenses or medical care has been provided.

For children in this program who are approaching their third birthday, if the team continues to suspect the child is demonstrating a disability, parental consent for an evaluation to determine eligibility for special education and related services is required. The parents, school district representatives, and TEIS representatives should all participate in a transition planning conference arranged by TEIS, with the approval of the family, at least 90 days and no more than nine months prior to the child's third birthday. IDEA states that children transitioning from Part C to Part B services must have an IEP in place by their third birthday.

[Tennessee's School Health Screening Guidelines](#) include information about when schools should perform vision screenings, how to perform vision screenings, and how to appropriately follow up with the family if a child fails a vision screening. The guidelines offer the following justification for school vision screenings:

- Unidentified and uncorrected vision problems and eye conditions can have a devastating impact on children's development. Since an estimated 80 percent of children's learning occurs through visual processing, early detection is extremely important. Another equally important reason is that some conditions are easier to correct at a young age, before irreversible vision damage occurs.

A certified teacher of children with visual impairments (TVI) does not have to perform school vision screenings. School personnel may be trained to perform near and distant vision screenings, trained volunteers may perform screenings, or schools may contract with outside agencies to perform the screenings. Tennessee's school health screening guidelines provide detailed instructions on how to perform vision screenings and what to do when a student fails a vision screening. A TVI may be called to review a medical eye report provided by the optometrist or ophthalmologist.

According to Tennessee's guidelines, a student fails a vision screening with acuity of 20/30 at near or distant range, or a difference of two lines between the two on the eyes as measured on an eye chart (e.g., right eye 20/20, left eye 20/40). When students fail vision screenings, the school shall recommend that the parent follow up with an eye doctor (i.e., an optometrist or ophthalmologist).

Community education is of the utmost importance when it comes to sensory impairments. Public schools must educate community agencies on the importance of early detection and engagement in appropriate early intervention services and timely referrals to appropriate professionals. These early detection measures can maximize a student's learning potential. Interagency cooperation generates one of the most effective and efficient means of identifying and locating children with suspected sensory impairments.

Potential agencies for community outreach:

- [Tennessee Early Intervention Systems \(TEIS\)](#)
- Public health departments
- [Department of human services \(DHS\)](#)
- [Department of children's services \(DCS\)](#)
- [Headstart programs](#)
- Child development centers
- Daycare centers
- Pediatricians' offices
- Private preschool programs
- [West Tennessee School for the Deaf](#)
- [Tennessee School for the Deaf](#)
- [Tennessee School for the Blind](#)

When planning classroom needs, the IRIS center provides resources for accommodations to the physical environment for students with visual disabilities:

<https://iris.peabody.vanderbilt.edu/module/v01-clearview/#content>.

An alternate way to support a child with a disability who does not require special education services, but whose condition substantially impacts the student's daily functioning is through allowable accommodations under Section 504. Section 504 is a federal law that protects individuals with disabilities. More information about Section 504 can be found at:

<https://www2.ed.gov/about/offices/list/ocr/504faq.html>.

Background Considerations

When considering deaf-blindness or visual impairment as an eligibility category, there are several background areas to consider.

- Vision/hearing: As with all evaluations, vision and hearing screenings are integral pieces of the pre-referral and evaluation process. Ensuring typical vision helps teams focus intervention, determine possible causes of difficulty, and select appropriate assessments. The [Tennessee School Health Screening Guidelines](#) provide typical screening requirements and screening rationale. School teams should consider any outside hearing screening/examination results when determining possible accommodations and referral needs.

- Past performance: Another area of background information will need to include consideration of past educational interventions including speech, occupational therapy, physical therapy, and family intervention. The team should determine if the child has undergone any evaluations that the team should review and consider. The team should review all information provided by parents and specialists and consider if screening and/or assessments are needed to determine if a child has a disability that needs support through special education services.
- Medical history: The team will also want to gather information regarding the child's medical history including birth and developmental information. Consideration of family history and prenatal/postnatal significant history should also be considered. The timing and nature of potential medical complications could have lasting impacts on a child's development.

Referral Information - Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan. The following data from the general education intervention phase that can be used includes:

- (1) reported areas of concern (e.g., vision and hearing screening/evaluation results, challenges demonstrated in the school environment such as daily living skills, communication, orientation and mobility concerns, and social skills);
- (2) documentation of the problem;
- (3) provided medical history (including prescribed medications along with possible side effects) and/or outside evaluation reports; and
- (4) record of accommodations and interventions attempted along with results from progress monitoring.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in

the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
 - Oral English language proficiency level
 - English language proficiency literacy level
 - Formal education experiences
 - Native language literacy skills
 - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

Section IV: Eligibility Determination Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely

impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
 - **Prong 1:** Do the evaluation results support the presence of an educational disability?
 - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
 - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
 - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
 - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations for Visual Impairment

For students with visual impairments, the team must consider whether the visual impairment adversely impacts the student's access to the environment, access to materials, and access to the community. For example, a student who is blind and reads braille may demonstrate mastery of grade-level concepts or mastery of the curriculum; however, team should consider how the impairment impacts access to the environment access to educational materials. This also includes access to peers because the student cannot visually access the environment or understand visual cues from peers independently.

There are three main evaluations that must be completed for a student suspected of having a visual impairment: functional vision assessment, learning media assessment, and expanded core curriculum (ECC) skills assessments. Considerations for eligibility for each of these evaluations are discussed below. IEP teams must determine whether the evaluations support

the presence of a visual impairment and whether there is a need for specialized instruction or intensive intervention. Specialized instruction and intense intervention includes services by a TVI or certified orientation and mobility specialists includes direct instruction with the student in specific skills outlined in an IEP. It may also include consultative services where the TVI works closely with the classroom teachers to preview materials and environments to ensure the student will be able to access them independently.

The evaluation should summarize the medical eye report, the observations and interviews, and any informal vision screenings that were completed during the evaluation. Every student must be evaluated individually and the team must avoid comparisons to other students with visual impairments.

Points to consider:

- Results of the functional vision assessment alone cannot determine eligibility. The IEP team must also review the learning media assessment and the ECC assessment.
- A child with a visual acuity within normal ranges may still have a visual impairment due to a field loss or due to a medical conditions that causes light sensitivity, field loss, progressive loss of vision, or blurred vision.
- Allowable accommodations outside of special education services which may improve a student's functioning (e.g., the positioning in the classroom or positioning of educational materials).
- The results of the screening with acuity charts (e.g., size of symbols, letters or numbers did the student could read comfortably at near and distance, size of objects is the student able to locate visually) provide information regarding potential individual needs.

Learning Media Assessment

The evaluation should summarize the student's preferred learning media. Observations and assessments of listening, print use, object or symbol use, and braille use should be summarized. The evaluation should include how the student uses technology to access educational materials and whether that technology improves access. Every student must be evaluated individually and the team must avoid comparisons to other students with visual impairments. Points to consider:

- Results of the learning media assessment alone cannot determine eligibility. The IEP team must also review the functional vision assessment and the ECC assessment.
- The report should include the student's reading speed as compared to typical-sighted peers. Is the student able to read print and demonstrate appropriate comprehension at a speed commensurate with his peers?
- If the student reads large print, how large must it be for the student to access? Is it a functional size for daily use? Are low vision devices needed to independently access print?
- Does the student need special accommodations and specialized instruction or allowable accommodations such as preferential seating to access materials independently?

- Do not assume that a child who struggles to read is struggling solely because of vision. For example, if the student was able to visually locate 1mm cake sprinkles during the functional vision assessment, h/she should be able to see 12 point font letters.
- If the student reads braille, can the student access curriculum materials?
- What is appropriate or average print size for the student's current and upcoming grade level?
- Does the student have grade level appropriate listening skills? If listening is reported as the preferred learning media, does the student have the skills to access audio material independently?
- If the student uses symbols or objects to communicate, the IEP team should consider how the student will learn the new symbols and objects.
- Is the student transitioning to a new school or classroom in the upcoming year? Will print size change next year?

Expanded Core Curriculum Screening and Assessments

The evaluation should summarize the student's skills in all areas of the ECC for students with visual impairments. Observations and assessments for each of the nine areas should be summarized. The evaluation should include formal and informal screenings and assessments. Even if a student demonstrates grade-level appropriate academic skills, the IEP team must consider the ECC when discussing eligibility. The ECC defines skills and concepts that students with visual impairments may not be able to learn incidentally due to low vision or blindness. Specialized instruction is needed to learn the skills and concepts, and often these skills and concepts are prerequisites for academic readiness at different levels and are necessary prior knowledge for independence with and understanding of academic and real-world concepts. Every student must be evaluated individually and the team must avoid comparisons to other students with visual impairments. Points to consider:

- Results of the ECC assessment alone cannot determine eligibility. The IEP team must also review the functional vision assessment and the learning media assessment.
- Do additional disabilities contribute to deficits in areas of the ECC? A student may be able to make choices about clothes and see the individual buttons or zippers, but fine-motor difficulty may make it difficult to dress herself.
- Does the student demonstrate understanding of concepts needed to understand and participate in instruction? Visual concepts such as left and right, sizes of objects not found in the classroom but found in the community or world-at-large, and commonly used colors for different objects are often not directly taught in school but are learned incidentally through the use of one's vision.
- Is the student able to independently participate in conversation and games with peers? Is she aware of nonverbal communication skills such as raising one's hand to get the teacher's attention, waving as a greeting or farewell, or facing the person she is speaking with?
- Is assistive technology required for the student to access and participate in the general curriculum? Low tech such as slant boards, symbols, tactile markers, bold line paper, dark pencils or pens should be considered as well as high tech items such as portable

refreshable braille devices, screen reading software, magnification software, and digital books. If additional disabilities require that a student use a communication device, is the student able to visually or tactually access the device?

Teams should consider whether general education interventions and accommodations would sufficiently meet the student's needs, particularly before determining whether specially-designed instruction/ related services are needed. An alternate way to support a child whose disabilities do not require special education services, but whose condition substantially impacts the student's daily functioning, is through allowable accommodations under Section 504. More information about how this federal law protects individuals with disabilities can be found at: <https://www2.ed.gov/about/offices/list/ocr/504faq.html>.

Specific Considerations for Deaf-Blindness

While deaf-blindness stands alone as a disability area, several assessment specialists are needed to determine eligibility. All of the assessments must be considered together; one assessment alone cannot determine eligibility. The combination of deafness and blindness does not mean the student meets the multiple disability category, rather deaf-blindness is a specific category on it's own.

Refer to the Tennessee department of education [website](#) for evaluation and eligibility guidance documents for deafness/ hearing impairment as well as all other disability categories if another disability is suspected.

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal**: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource**: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain**: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability,

academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

- **Multisetting:** Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Visual Impairment Evaluation Procedures

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- (2) A written functional vision and media assessment* to determine primary learning style, including reading, writing, listening, and tactile skills, to be completed or compiled by a licensed teacher of students with visual impairments and includes:
 - (a) Observation of visual behaviors at school, home, or other environments;
 - (b) Educational implications of eye condition based upon information received from eye report;
 - (c) Assessment and/or screening of the nine expanded core curriculum areas (i.e., orientation and mobility**, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills); and
 - (d) School history and levels of educational performance including student, teacher, and parent interviews.

* Non-traditional students (i.e., non-readers or nonverbal students, as well as those with cortical visual impairments) will need a modified functional vision assessment to determine their primary learning media as well as their visual, tactile, and auditory needs.

** Orientation and mobility may be screened by a TVI; however, if a full assessment is needed, it must be completed by an orientation and mobility specialist.

- (3) Documentation, including observation and/or assessment, of how visual impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Visual Impairment Evaluation Procedure Guidance

Multidisciplinary team assessments must include multiple sources of information, multiple approaches to assessment, and multiple settings in order to yield a comprehensive understanding of children's skills and needs. The evaluation should include formal assessments as well as informal assessments. Informal assessments can include indirect observational data from teachers as well as direct observations conducted by certified professionals (e.g., school psychologists, speech-language pathologists, special education teachers, etc.).

The office of special education programs (OSEP) also recommends the following resources when considering assessments to evaluate for a visual impairment:⁷

- American Foundation for the Blind, assessments for student who are blind or visually impaired: <http://www.familyconnect.org/info/education/assessments/13>
- American Printing House for the Blind, Inc. , accessible tests resource center: <http://www.aph.org/accessible-tests/>

OSEP also stated that the evaluation, “should include a data-based media assessment, be based on a range of learning modalities (including auditory, tactile, and visual), and include a functional visual assessment. In previously-issued guidance, OSEP has noted that an assessment of a child’s vision status generally would include the nature and extent of the child’s visual impairment and its effect on the child’s ability to learn to read, write, do mathematical calculations, and use computers and other assistive technology, as well as the child’s ability to be involved in and make progress in the general curriculum offered to nondisabled students. Such an evaluation generally would be closely linked to the assessment of the child’s present and future reading and writing objectives, needs, and appropriate reading and writing media. The information obtained through the evaluation generally should be used by the eligibility team in determining whether it would be appropriate to provide a blind or visually impaired child with special education or related services as required by the IDEA. In addition, because the evaluation must assess a child’s future needs, a child’s current vision status should not necessarily determine whether it would be inappropriate for that child to receive special education and related services while in school.”⁴

Standard 1: Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the visual impairment evaluation

The medical eye report will guide the assessment process and should document conditions that indicate a visual impairment. For example, if a student has been diagnosed with an eye condition that includes symptoms such as decreased visual field, color blindness or night blindness, the TVI will know to:

⁷ See OSEP memo from May 22, 2017 retrieved from: <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/letter-on-visual-impairment-5-22-17.pdf>

- attend carefully to where the student sits in the classroom (field deficit),
- note whether the teacher teaches with the lights on or off when using presentation screen (night blindness), or
- note any color coding that is used in classroom organization or on maps and charts (color blindness).

The federal office of special education programs and the office of civil rights has clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.

Standard 2: Written functional vision and media assessment* (assessment of learning media determine primary learning style; including reading, writing, listening, and tactile skills) completed or compiled by a licensed teacher of students with visual impairments

Functional vision is how a student uses vision in daily activities and daily settings. Through interviews, observations, screenings, and assessments, a certified TVI will be able to share information regarding how the student functions in a variety of settings and how the student accesses visual information and cues in a variety of environments. A media assessment is used to determine a student's preferred learning or literacy medium, such as print, braille, or audio, or even pictures, tactile symbols or objects for students with additional or complex disabilities. The areas of literacy that should be assessed or screened are reading, writing, listening, technology, and speaking; all possible methods of communication should be observed, assessed or screened.

Functional Vision Assessment: Key components of the functional vision assessment include observations and assessments in the areas of appearance of eyes, behaviors, functional peripheral field, color discrimination, light sensitivity, near and distant visual acuity and discrimination, depth perception, and contrast sensitivity. The TVI should note if the student's eyes appeared crossed or turned in or outward; involuntary movement of the eyes, called nystagmus, should be noted if it is observed. These issues should be noted on the medical eye exam as well. Visual behaviors such as light gazing, closing eyes instead of attending to a task, or eye-poking/pressing should be noted if they are observed. Some behaviors may not be visual behaviors but may be sensory seeking behaviors; this is true for all students but especially those with additional or complex disabilities such as cortical visual impairment or deaf-blindness. All behaviors should be noted during thorough observations and attempts must be made to determine the reason for the behavior. Upon completion, recommendations for safer behaviors or more setting-appropriate behaviors should be made if needed. For example, the observation may include whether the student is able to complete work more efficiently after sensory breaks or when allowed to complete tasks auditorily and orally instead of visually at certain points in the day.

Learning Media Assessment: The purpose of the learning media assessment (LMA) is to determine how a student's preferred learning or literacy medium (e.g., print, braille, audio, pictures, tactile symbols, or objects) for students with additional or complex disabilities. The areas of literacy that should be assessed or screened are reading, writing, listening, technology, and speaking; all possible methods of communication should be observed, assessed, or screened.

The key components of an LMA include formal reading and listening skills, functional reading and writing skills, and current media functioning. Specific skills assessed include:

- reading rate with various media (e.g., paper, digital),
- reading comprehension with print or braille,
- listening comprehension with various media, and
- copying rates with near and distance material and tactile discrimination skills.

For students with multiple disabilities, listening may be the primary learning media or even the only learning media. Tactile discrimination skills include the ability to discriminate objects or tactile symbols, the ability to read braille (words or numbers) and the ability to read tactile graphics (diagrams, pictures, charts and graphs).

When assessing reading in print or braille, informal and formal assessments (e.g., The John's Basic Reading Inventory-10th Edition, Assessment of Braille Literacy Skills, 3rd Edition) may be used. Font size and line spacing of the reading material used during the evaluation should be noted. It is recommended to use a text that is at mastery level instead of instructional level so that assessment will measure ability to see the print comfortably, not measure comprehension of material or text that is difficult to understand.

Standard 2 (a): Written functional vision and media assessment includes observation of visual behaviors at school, home, or other environments

Observations in different settings help pinpoint instructional needs and potential sources of difficulty for students. When observing a student in the classroom, consider the environment, classroom structure and layout, instructional methods used, potential distractions, and how each may impact the student's educational performance. An example list of questions to consider when completing observations include:

- Does the student face a window during instruction?
- Is the student seated near the door and therefore the noisy hallway?
- Does instruction occur when the lights are on or off?
- Does instruction occur in a large group or small group setting?
- Can the student move around the room independently?
- Does the child appear distracted by the lights or the window? By noises?
- Does the child appear to attend to the movement or sounds of peers?
- Does the child appear attentive to the teacher's movement in the room?

The student should also be observed traveling in the classroom, hallways and even outside of the school building (e.g., playground). The student should be observed in a variety of settings such as the cafeteria, gym, music class and art class, and at different times of day such as at arrival, in the lunch line, transition times, and dismissal. Students with complex disabilities, including those in wheelchairs or with one-to-one paraprofessional support should be observed meticulously. When observing the student in the various settings, it is important to note student engagement, sensory awareness of the environment, ability to self-advocate needs, and communication modality and efficacy.

Standard 2 (b): Written functional vision and media assessment includes educational implications of eye condition based upon information received from eye report;

When conducting assessments, it is important to pay special attention to particular ways in which the student's identified condition may impact the student in the school setting.

Eye Responses and Eye Movements

Blink Response: The blink response, a protective movement of the eyelids in response to an object approaching the face, is an indication of the presence of some degree of vision and depth perception. Students without a protective blink response may be more prone to eye injuries.

Pupillary Response: If the pupils of a student are sluggish in responding (i.e., contracting) to a light source from a penlight, the student may have difficulty in adjusting to changes in lighting. If the pupils are of unequal size, the student may have difficulty in accommodating while reading.

Pupillary Reflection: Normal eyes will show a reflection of light in the middle of each pupil which indicates that the eyes are properly aligned. If the eyes are not properly aligned from birth to about age seven, the brain will suppress vision in the weaker eye causing amblyopia. Amblyopic students may be helped by proper seating. For example, if a student has very poor vision in the right eye, it might be best to seat him/her in the right side of the room.

Visual Attention: Students may not respond to visual stimuli due to neurological damage. They may need to be taught to use their remaining senses. Students with inconsistent responses to visual stimuli and poor fixation skills may benefit from specific visual skills, training, and environmental adaptations.

Convergence: Students who have convergence problems (inability of the two eyes to bring their visual axes to focus on a near object) may have eye fatigue from reading and near vision activities. Frequent rest periods may be needed, and more emphasis on listening activities may be required.

Eye Movements: Poor eye movements (shift of gaze, scanning, and ocular pursuit) can be the result of a variety of conditions. This may cause the student to exhibit more head movements, and to read slower than normal.

Eye Dominance: Students with mixed dominance (e.g. left-handed and right-eyed dominant) may have difficulties with activities that require them to line up a target with their dominant eye. The TVI may recommend seating and placement of materials that would accommodate a strong/better eye preference.

Peripheral Field of Vision: Traveling can be adversely affected by limitations in the visual field. Students may need to be taught to move their heads and scan before moving across an area. The physical education teacher should be advised of the need to modify activities due to the student's peripheral field limitations.

Color Discrimination: The classroom teacher may need to be made aware of students with color deficiency. Modifications of activities may include: providing good lighting, using bright, contrasting colors, labeling crayons, as well as avoiding color-coded texts, graphs and diagrams. Activities such as labeling clothing and learning how to interpret traffic lights or signs may also be needed.

Light Sensitivity and Preference: Some students perform better in dim light (e.g., children with albinism) and some perform better in bright light (e.g., children with optic atrophy and optic nerve hypoplasia). The lighting requirements may be noted on the eye doctor's report. Generally, students should not face windows or glare. Some students may need to be seated away from windows and some may need a desk lamp for additional lighting.

Visual Perception Skills

Assessment of visual perception skills is appropriate for preschool and primary level students who have not learned to read or write, or students with multiple impairments causing cognitive delays. Such skills as visual discrimination, visual memory, figure-ground perception, eye-hand coordination, visual closure, and visual sequencing may need to be provided by the TVI using a developmental vision curriculum.

Near Vision

Students with limited near visual discrimination skills may need to be taught by pairing tactual learning with near vision activities. Systematic search patterns with extra time for locating objects may be necessary. Sometimes tactual learning may need to be considered as the primary learning mode.

Learning Media

Current Print Functioning: A number of factors can affect a student's print functioning such as near visual acuity, age of onset, cause of impairment, parental expectations, experience with printed materials, and concept development. Students who have the same visual acuity and eye

condition may differ greatly in their ability to use printed materials. The TVI should consult with the regular classroom teacher and parents in recommending the media of instruction and learning. Some students may be able to read regular print, some may need a low vision device, some may prefer large print, some may need to rely on listening, and some may rely on tactile or braille materials. Other students may find that combinations of these media work best for them in their instructional programs.

Writing Functioning: Students who have difficulty in copying print may be helped by using adaptive materials such as bold-lined paper. Assignments may need to be shortened or additional time may be needed to enable the student to complete writing activities. Alternative methods of responding, such as multiple choice or word banks, rather than writing answers fully, may be used to shorten the writing task. Systematic instruction in handwriting and keyboarding may be required for the student with low vision.

Depth Perception

Students with depth perception problems may need special instruction to help in the development of eye-hand or eye-foot coordination, and in recognition of objects at a distance. Depth perception difficulties may be observed when the student walks on stairs or changing floor surfaces. At close proximity, the student may have difficulty reaching for and picking up small items. Depth perception may be formally assessed and reported on a medical eye report or informally assessed by the TVI, who should consult with the physical education teachers and suggest modifications as needed.

Distant Vision

Distant Visual Discrimination: Students who have difficulty with distant visual discrimination may need preferential seating or positioning for viewing classroom activities such as experiments and demonstrations. Chalkboard activities, overhead projection, and map reading may require preferential seating for students with limited distant vision. The TVI may need to recommend the student be given copies of class notes. The classroom teacher may be asked to verbalize everything written on the chalkboard. The TVI may need to consult with the classroom teacher on ways to make viewing most meaningful.

Orientation and Mobility: Orientation and mobility skills may be noted throughout the functional vision assessment process. Special instruction may be needed in trailing, protective and search techniques, and in familiarizing the student with common areas of the school building. A thorough evaluation of orientation and mobility may be needed.

Standard 2 (c): Written functional vision and media assessment includes assessment and/or screening of the nine expanded core curriculum areas (i.e., orientation and mobility, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills)

The expanded core curriculum (ECC) defines skills and concepts that students with visual impairments may not be able to learn due to low vision or blindness. Specialized instruction is needed to learn these skills and concepts; therefore, all areas of the ECC should be assessed. For students with additional disabilities or complex disabilities that include visual impairment, assessment of these areas may occur through detailed interviews with parents, teachers, and paraprofessional, and through detailed observations in a variety of settings over many days at different times of day. Many of the assessments and observations described above will address areas of the ECC listed below.

Orientation and Mobility Skills: Orientation and mobility skills (O&M) include everything from body awareness to independent travel in the school and community, including all the prerequisite concepts that go with body awareness and independent travel. A TVI must screen a student's O&M skills through observation or basic checklists (e.g., FVLMA); these checklists guide the TVI through observing what and who the student can independently identify in his/her environment, how and if the student avoids obstacles in the environment, and if the student can travel independently in the school and community environment.

If a full O&M assessment is warranted, it must be completed by a Certified Orientation and Mobility Specialist (COMS). The O&M assessment will go into more detail than the TVI screening to assess the following across a variety of settings: body image and body awareness, spatial awareness, public transportation, and use of assistive devices such as a cane, low vision devices, or navigation applications. The COMS makes recommendations for instruction for O&M and then provides that instruction.

Social Interaction: Social skills include gestures, body language, facial expressions, and the use of personal space. The evaluation should include the student's awareness of these skills in others and the use of these skills by the student with a visual impairment. Assessment in this area is crucial as most social skills are learned visually; therefore, students with visual impairments often need direct instruction in this area. Observation of interaction with peers and adults will provide information about social skills; lunch and recess are good times to observe interactions with peers.

Independent Living Skills: Independent living skills or daily living skills include eating skills, food preparation, household tasks, clothing care, dressing skills, personal hygiene skills, and time and money management. Assessment in this area is crucial as many daily living skills are learned visually; students with visual impairments often need direct instruction in this area. Interviews, observations and daily living skills checklists can provide information in this area of the ECC. Students with multiple disabilities may not be able to complete all the steps involved in

a daily living task but they may be able to assist their caregivers or complete parts of the overall task independently. For example, the student may be able to choose his/her own clothes or zip up his/her jacket even if s/he needs help dressing.

Recreation and leisure: Recreation and leisure address skills related to the management of leisure time (e.g., activities, sports, games, pets, arts, etc.).

Career Education: Career education skills are also called prevocational or transition skills, depending on the age of the child. These skills include staying on task, assuming responsibility, organization skills, punctuality, and knowledge of work-tasks and careers. Observation and interviews, including pre-vocational checklists and career-interest inventories can be used by the TVI to assess skills in this area of ECC.

Assistive Technology: Assistive technology skills include use of standard computers, specialized software, and specialized devices (e.g., braille devices, screen reading software, braille embossers). Assessed skills will vary from student to student.

Low vision devices fall under assistive technology as well. The TVI should complete the learning media assessment with assistive technology in mind. For example, when students use low devices address reading speech with and without the device. In addition, students with low vision will need to be assessed on how they access screens. For example, Can the student see the cursor or mouse without accommodations? Are the accessibility features built into standard computer platforms enough or does the student need external magnification, jumbo cursor, or screen reading software?

Sensory Efficiency: Sensory efficiency skills are how the student uses his vision, his sense of hearing, and all of his other senses. Sensory efficiency skills include how to use tactual, auditory, and olfactory cues in the environment (e.g., Does the student attend to cues such as the smell of lunch cooking in the cafeteria? Does the student recognize familiar adults and peers by voice?). Specific skills assessed or skills to note during observation would be how the student positions himself/herself for optimal viewing, and how or when the student uses available low vision devices or assistive technology devices.

Self-Determination Skills: Self-determination skills include making choices, problem-solving, decision-making, self-advocacy, and goal setting. Through the student interview the TVI can learn what a student knows about his/her own eye condition and the accommodations s/he needs. Through observation and direct assessment, the TVI can record how the student makes choices or solves problems in various environments. Students with cortical visual impairment and additional disabilities can make choices and advocate for themselves verbally or through choices. The observer must remember that refusing to do something or not attending to a task is a choice and is therefore a form of self-advocacy.

Compensatory/Access Skills: Compensatory skills are the skills a student needs, including communication, to access the core or general education curriculum. Compensatory skills include how a student accesses material, whether it be visually, tactually, or auditorily. Observing how a student interacts with peers and adults, how he gathers information from his environment, and how or if he visually or tactually attends to material will provide information in this area of the ECC.

Compensatory skills include concept development. Students with visual impairments may have difficulty with visual concepts such as color or understanding concepts that typically sighted peers may understand through photographs, such as the size of mountain or an elephant. Students who read braille should also be assessed with tactile graphics to include charts, graphs, diagrams, and maps.

Standard 2 (d): Written functional vision and media assessment includes school history and levels of educational performance including student, teacher, and parent interviews.

An accurate description of the student's present levels of academic performance is necessary information for the evaluation team, specifically for the purpose of setting appropriate goals. Assessments may be either criterion-referenced and/or norm-referenced and should include, at minimum, the subjects of reading, math and writing. Formal achievement measures may be utilized to obtain data as well as criterion-referenced measures such as teacher constructed tests which measures specific objectives, behavior incident reports, work samples, language samples and analysis of state grade-level standards as compared to student performance.

Cumulative school records, past teacher interview and parent interview are ideal sources to obtain historical educational information and observations. Parents and teachers have valuable insight when it comes to their children and students. Teacher concerns may be different from parent concerns, and both are valuable. The teacher interview and the review of school records will provide information about the student's current performance. Parents and teachers can provide information about social interactions with peers, independent living skills (toileting, eating, drinking, and dressing).

Students with complex disabilities may be able to answer yes/no questions or give the assessment specialist information about preferences through observations and choices made.

Standard 3: Documentation, including observation and/or assessment, of how Visual Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Documentation of adverse effect(s) in the learning environment is an essential component of determining the appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide extensive documentation of the prevention and intervention efforts, as well as the data indicating that these efforts in the general education setting are not adequate support for a student's needs. Documentation may

include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

Visual Impairment Evaluation Participants

Information shall be gathered from the following persons in the evaluation of visual impairment:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed teacher of students with visual impairments;
- (4) A licensed special education teacher;
- (5) An ophthalmologist or optometrist; and
- (6) Other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

Deaf-Blindness Evaluation Procedures (Standards)

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the required evaluation procedures for hearing impairment/deafness and visual impairment:

- (1) Deafness/hearing impairment procedures
 - (a) Audiological evaluation;
 - (b) Evaluation of speech and language performance;
 - (c) School history and levels of learning or educational performance;
 - (d) Observation of the child's auditory functioning and classroom performance; and
 - (e) Documentation, including observation and or assessment, of how deafness/hearing impairment adversely affects the child's educational performance and the need for specialized instruction (i.e., to include academic and/or nonacademic areas).
- (2) Visual impairment procedures
 - (a) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the visual impairment evaluation;
 - (b) Written functional vision and media assessment* (assessment of learning media to determine primary learning style; including reading, writing, listening, and tactile skills) completed or compiled by a licensed teacher of students with visual impairments that includes:
 1. Observation of visual behaviors at school, home, or other environments;
 2. Educational implications of eye condition based upon information received from eye report;

3. Assessment and/or screening of the nine expanded core curriculum areas (orientation and mobility**, social interaction, independent living skills, recreation and leisure, career education, assistive technology, sensory efficiency, self-determination, and compensatory/access skills);
 4. School history and levels of educational performance; including student, teacher, and parent interviews; and
 5. Assessment of visual functioning.
- * Non-traditional students (i.e., non-readers or nonverbal students, as well as those with cortical visual impairments) will need a modified functional vision assessment to determine their primary learning media as well as their visual, tactile, and auditory needs.
- ** Orientation and mobility may be screened by a TVI; however, if a full assessment is needed, it must be completed by an orientation and mobility specialist.

(c) Documentation, including observation and/or assessment, of how Visual Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

(3) Evaluation of a child with a suspected degenerative condition or syndrome which will lead to deaf-blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.

(4) Additional evaluation of deaf-blindness shall include the following:

- (a) Expanded core curriculum skills assessment that includes deafness/hearing impairment;
- (b) Assessment of speech and language functioning including the child's mode of communication;
- (c) Assessment of developmental and academic functioning; and

(5) Documentation, including observation and/or assessment, of how deaf-blindness adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Deaf-Blindness Evaluation Procedure Guidance

General evaluation considerations for students with hearing loss

When assessing students with a hearing loss it is important to consider some factors that may influence the results.

- Student amplification needs to be available and working properly.
- The student's preferred mode of communication needs to be matched with the person completing the assessment.

- For students who use oral communication, the tester needs to ascertain if the student needs more time to look at the speaker for each question or direction. The student may need information repeated if the language is unfamiliar to him/her.
- In cases where a sign language interpreter is used, the tester needs to work with the interpreter prior to assessing so that the interpretation of the directions or questions does not give more information to the student and invalidate the test.
- The setting for the testing should be quiet and free of visual and auditory distractions.

Standard 1(a): Deafness/hearing impairment procedures: audiological evaluation

Students who have a documented hearing loss may require special education services under the category of hearing impairment or deafness. Students also may be suspected of having a hearing loss, based on failure of hearing screening and/or observation. These students will require a referral to an audiologist for evaluation.

The audiologist will complete a thorough audiological evaluation and provide a report to the school-based evaluation team. This report shall provide written documentation of the hearing loss which includes, but is not limited to, the following:

- etiology and history of hearing loss;
- type and degree of hearing loss;
- audiogram to include, but not limited to, the following:
 - pure tone air and bone conduction thresholds,
 - speech recognition thresholds (SRT),
 - word recognition scores,
 - immittance measurements; and
- prognosis and recommendations

A medical diagnosis of a hearing impairment or deafness is not sufficient in and of itself to determine eligibility for special education. A comprehensive evaluation is needed to determine eligibility for an educational disability following federal and state criteria as outlined in this guidance document.

The office of special education and the office of civil rights has clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.

See deafness/hearing impairment evaluation guidance packet on the evaluation and eligibility website ([here](#)).

Standard 2: Visual Impairment procedures

See procedural guidance above under the visual impairment evaluation guidance.

Standard 3: Evaluation of a child with a suspected degenerative condition or syndrome which will lead to deaf-blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.

In such cases of degenerative condition or syndrome, a medical condition is known and the condition is causing an impact on educational performance which prompts a referral for an evaluation in order to determine eligibility for services. In those cases, the parent should supply medical records or sign a release (see [Appendix D](#) for a sample release) in order for the school to obtain records. The records must indicate a diagnosis and recent (i.e., within the past year) medical evaluation documenting health conditions, prognosis, medications, and special procedures/ diets or restrictions. A sample eye report form containing all necessary data to be included by the licensed medical provider can be found in [Appendix B](#). However, if a new medical assessment is needed for the current evaluation or if the physician charges for a release of records, school districts must ensure the assessment is at no cost to the student's parents.

The medical information should be used to help inform the team on the degree to which a student's strength, vitality, or alertness may impact his/her learning. In addition, the team should take into account how the health condition may impact attendance or how medications impact cognitive functioning. It may be advisable when unfamiliar with the health condition to obtain permission to consult with the medical provider in order to learn additional information about the child's prognosis. This may assist the assessment team with better understanding how the condition may impact a child's daily functioning.

The evaluation report should summarize the medical findings and include the name of the medical provider involved. An attached copy of the received medical information obtained from the medical provider should be attached to the evaluation report/eligibility report. Medical information should include:

- name of licensed medical provider;
- date of medical documentation (within one calendar year of evaluation);
- diagnosis or statement of health problem (e.g., diagnostic impression), within one calendar year of evaluation;
 - diagnoses are not limited to those provided in the state-provided definition)
- prognosis and special requirements of care;
- information, as applicable, regarding medications; and
- a licensed medical provider's signature (hand-written, electronic, or typed by medical provider's professional transcriptionist).

Types of acceptable records include:

- hospital or institutional records obtained directly from the hospital or institutional setting via parent/guardian-signed HIPAA release; or
- medical provider's office records obtained directly from the office via parent/guardian-signed HIPAA release; or
- state form completed & signed by a licensed medical provider; or

- hand-delivered documentation (e.g., parent/legal guardian, state department case worker, legally appointed guardian ad litem) which includes the licensed medical provider's signature; or
- follow-up medical record/scribed notes with licensed medical provider's signature.

The federal office of special education programs and the office of civil rights has clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.

Standard 4(a): Expanded core curriculum skills assessment that includes deafness/hearing impairment

The expanded core curriculum assessment, completed as part of the functional vision assessment, should include accommodations (e.g., touch cue, vibration, etc.) for the level of hearing loss the student demonstrates. The accommodations should provide the student with ways to access and to participate in the assessment in order to not attribute visual skills to the hearing loss. The specialist should document the needed accommodations in the written report. This is important to make sure the specialist obtains valid results of the student's overall functional vision.

Standard 4(b): Assessment of speech and language functioning including the child's mode of communication

The speech and language evaluation is intended to determine areas of strengths and weaknesses that may need to be addressed through specialized instruction in order to be successful in the educational environment. The results also inform the team on possible areas of communication delays that may adversely impact educational performance. **The speech-language pathologist (SLP) should exercise caution in choosing standardized measures for students with hearing impairments, as few speech-language tests have been standardized on students who are hearing impaired; however, several tests can be adapted successfully to provide information to the examiner.** No single score should determine the need for services to address communication deficits, rather, the assessment specialist should document findings of strengths and weaknesses based on the collected body of evidence.

Language

The SLP needs to use instruments that include norms for students with a hearing impairment/deafness (e.g., Test of Syntactic Abilities, Rhode Island Test of Language Structures, Grammatical Analysis of Elicited Language, and Test of Auditory Comprehension). If a SLP utilizes other common language tests which are not normed for hearing impaired, the evaluation report should include adaptations and modifications to the test administration. In such cases, the scores may not be valid as the standardized procedures were not followed; however, the information obtained may provide qualitative and relevant information to team members.

The SLP will analyze formal comprehensive scores and informal measures to identify a possible weakness, possibly a subtest from a language assessment or poor syntax in conversational speech. Although subtest scores cannot be used alone to meet eligibility standards for a language impairment, they can identify weaknesses that may not be reflected in the overall comprehensive, or receptive and expressive scores. The standard error of measure should be considered when determining the most appropriate score to use based on a specific weakness from a subtest or informal assessment. The additional standardized measurement should be used to further examine and collect data for a suspected weakness from the comprehensive assessment and informal assessments.

Standard error of measure (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her “true” score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

After completing a standardized measure, the SLP should consider the results and performance on all areas of the assessment in relation to referral concerns, other sources of data, the normative sample, and other factors that may impact performance. **If there is reason to believe the results are an overestimate of the student’s current communication skills, additional assessment (formal or informal) may be needed, while taking the standard error of measure (paying attention to all composite confidence intervals) into consideration.**

One type of informal assessment that may especially helpful in such cases in the completion of a language sample analysis. A language sample provides a great deal of information on a child’s language abilities and overall conversational skills. Specific language areas include syntax (grammar), semantics (word meanings), morphology (word parts, such as suffixes and prefixes), and pragmatics (social skills). A language sample often consists of 50 to 100 utterances spoken by the child, but it can have as many as 200 utterances. The SLP writes down exactly what the child says, including errors in grammar. Errors in articulation or speech sounds are not recorded.

Descriptive measures of functional or adaptive communication often provide a more realistic picture of how a student uses his/her communication abilities in everyday situations and the impact of a language impairment in these settings if one exists.

Examples of Additional Sources of Information

The selected assessment tools should be purposeful and be designed to explore and investigate the area/s of concern, as well as provide useful information relative to the suspected deficit.

- Norm-referenced Assessments - speech-language tests which measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. This information is found in the technical manual for the test.
- Checklists - a developed form or scale which allows a rater to consider various skills and indicate a student's use of a skill in a particular setting, or indicate potential absences of the expected skills.
- Direct Observations - the SLP observes the student during everyday classroom activities or across educational settings, and allows for a more natural opportunity to identify communication strengths and weakness.
- Interviews - conversations with or questionnaires given to parents, caregivers, medical professionals, or educators, which provide information related to a student's communication history and current functioning.
- Play-based Assessments - assessments, which provide an opportunity to observe and evaluate a child in the natural context of play. Play-based assessments are an important tool when evaluating preschool children and are often completed by a multidisciplinary team so multiple areas of development can be considered.
- Dynamic Assessments - are a method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student requires in order to be successful. In short, dynamic assessments are a process of test, teach, and retest. This type of assessment helps to identify the level of support or teaching structure a student may need in order to learn a particular skill. Dynamic assessments are not norm-referenced, but can be a valuable tool in understanding a child's potential response to various intervention styles.
- Speech and/or Language Sampling - a sample of a child's spoken speech/language during a particular task (conversation, retell, describing tasks, narratives) which helps the SLP determine intelligibility, production of speech sounds in connected speech, and/or the use of expected structures and components of language (sentence length and complexity, variety of words, vocabulary use, grammatical components, etc.).

Important Tips to Remember:

- Best practice is not to report age-equivalency scores on a norm-referenced assessment as they imply a false standard of performance.
- The IEP team should discuss and consider cultural and linguistic bias before determining a student is eligible for a language impairment.
- Standard scores from norm-referenced tests should only be a **SMALL** part of the assessment picture.
- The speech-language evaluation report should be written in an easily understood language without extensive use of professional jargon.

- The SLP should document the presence or absence of a language impairment in the speech-language evaluation report.
- The SLP should not make an eligibility determination or recommendations for or against language therapy in the speech-language report. (The IEP team does this.)

Culturally and Linguistically Diverse students: When evaluation data reveals evidence of dialect use or language differences, they should be documented as such and should not be counted as errors. If language differences and/or dialects are incorrectly treated as errors, students may be inappropriately identified as having a language impairment. When selecting the most appropriate test to administer, the SLP should review the test manual to see if students who do not speak Standard American English will be penalized for their language differences. Dynamic assessment can be very useful when evaluating students from culturally and linguistically diverse backgrounds. Dynamic assessment includes a test-teach-test approach to assist with differential diagnosis of a language impairment as opposed to a language difference. When provided with modeling and guided practice, the student who does not have a disability will often show significant improvement when reassessed.

Special Populations: For some student populations, such as children with severe disabilities, the provision of unbiased assessments can only be made with descriptive measures. The Functional Communication Profile, the Functional Communication-Teacher Input, and the Functional Communication Rating Scale can be utilized to assess the communication skills for these students.

English Language Learners: When assessing children for whom English is not the primary language, it is important to utilize evaluation tools that accurately reflect a child's true language abilities. Tests should be administered in the child's native language. According to ASHA, if the test utilized was not normed on children who speak the particular language being tested, **it is not appropriate to report standard scores.**⁸ However, descriptive information obtained during the administration of the test can be used to describe the child's strengths and weaknesses in the area of communication. When assessing the bilingual child, the SLP should use an interpreter, conduct an interview with the parent/caregivers, and always utilize a conversational sample.

Pragmatics:

According to ASHA, Pragmatics involves three major communication skills:

Using language for different purposes, such as:

- greeting (e.g., hello, goodbye);
- informing (e.g., I'm going to get a cookie);
- demanding (e.g., Give me a cookie);

⁸ <http://www.asha.org/practice/multicultural/issues/assess/>

- promising (e.g., I'm going to get you a cookie); and
- requesting (e.g., I would like a cookie, please).

Changing language according to the needs of a listener or situation, such as:

- talking differently to a baby than to an adult;
- giving background information to an unfamiliar listener; and
- speaking differently in a classroom than on a playground.

Following rules for conversations and storytelling, such as:

- taking turns in conversation;
- introducing topics of conversation;
- staying on topic;
- rephrasing when misunderstood;
- how to use verbal and nonverbal signals;
- how close to stand to someone when speaking; and
- how to use facial expressions and eye contact.

These rules may vary across cultures and within cultures. It is important to understand the rules of your communication partner.

An individual with pragmatic problems may:

- say inappropriate or unrelated things during conversations;
- tell stories in a disorganized way; and/or
- have little variety in language use.

It is not unusual for children to have pragmatic problems in only a few situations. However, if problems in social language use occur often and seem inappropriate considering the child's age, a pragmatic disorder may exist. Pragmatic disorders often coexist with other language problems such as vocabulary development or grammar. Pragmatic problems can lower social acceptance. Peers may avoid having conversations with an individual with a pragmatic disorder.

Articulation

The decision to administer an articulation test versus a phonological process analysis is based on the examiner's professional judgment. If the errors are non-organic (i.e., not due to structural deviations or neuromotor control problems), the most discriminating factor to aid in the decision is that of **intelligibility**—the more unintelligible the student's speech, the greater the need for phonological process analysis. When evaluating students whose intelligibility factor is moderate to severe or profound, tests of phonological processes will prove more diagnostically valuable than traditional articulation tests.

In some cases, the examiner may complete a process analysis after first administering an articulation test. Some phonological processes can be detected from the results of traditional articulation tests. For example, when most of the phonemes in the final position column of the

articulation test form show a deletion symbol, perceptive examiners can recognize the pattern of final consonant deletion. Most substitution and deletion processes can be identified in this manner, particularly if the examiner is familiar with phonological process terminology and descriptions. For example, the student who produces /p/ for /f/, /b/ for /v/, /t/ for /s/, and /d/ for /z/ is replacing a fricative with a stop, a process commonly known as *Stopping*. Other error patterns, however, are not as easily identified from traditional articulation test results. Depending upon the complexity of the student's errors, a more in-depth phonological analysis may be indicated in order to identify all processes used by the student. This in-depth analysis becomes particularly important in determining the hierarchy of intervention targets.

It should be noted that an articulation assessment and phonological process analysis can be derived without the use of a published standardized assessment instrument. Developmentally appropriate errors and patterns are taken into consideration during assessment for speech sound disorders in order to differentiate typical errors from those that are unusual or not age appropriate.

Stimulability probes determine how well the student can imitate correct production of error sounds. Stimulability refers to the student's ability to produce a correct (or improved) production of the erred sound given oral and visual modeling. Most articulation assessments include stimulability probes in their measure. It is not necessary to assess stimulability for sounds produced correctly, only those in error.

The assessment of stimulability provides important prognostic information. Moreover, those behaviors that are most easily stimulated can provide excellent starting points for intervention. They often lead to intervention success quicker than other, less stimuable behaviors. Since the late 1990s the child phonology literature has encouraged clinicians to target non-stimulable sounds, because if a non-stimulable sound is *made* stimuable to two-syllable positions, using our unique clinical skills, it is likely to be added to the child's inventory, even without direct treatment (Miccio, Elbert & Forrest, 1999).

Directions for Assessing Stimulability

- (a) Ask the student to watch, listen carefully, and say what you say. Do not give special instructions on the correct production.
- (b) Model the production of each selected phoneme in isolation and ask the student to imitate. Begin modeling for consonant blends at the syllable level.
- (c) If the student is successful, go on to the syllable level, modeling for each position (initial, medial, and final).
- (d) If the student is successful at the syllable level, proceed to the word level, modeling for each position.
- (e) If the student is successful at the word level, you may wish to proceed to the phrase/sentence level, modeling for each position.
- (f) If the student fails to imitate a stimulus correctly at any level (isolation, syllable, or word), ask the student to watch and listen carefully to the following directions.

- (1) Say the stimulus three times (*multiple stimulations*).
- (2) Have the student try again.
- (3) If the student repeats successfully, continue to the next level of complexity.
- (4) If the student cannot imitate the stimulus correctly after multiple stimulations, discontinue stimulation with that sound.

Readers are encouraged to review the Tennessee speech or language impairment evaluation guidance document for further information regarding the evaluation of speech and language skills for more detailed instruction on this portion of the evaluation. Refer to department's [special education evaluation and eligibility website](#) for more information related to eligibility standards and processes. The team should consider if an augmentative alternative communication (AAC) assessment is warranted.

Standard 4(c): Assessment of developmental and academic functioning

An accurate description of the student's present levels of academic performance is necessary information for the evaluation team, specifically for the purpose of assisting in document different ways the suspected disability is impacting educational performance.

Academic skills can be reviewed in a variety of ways which assessment teams may take into consideration when planning for the evaluation. A review of records (e.g., grades and how those grades may be modified, summative assessments, criterion-referenced tests, universal screening measures, and other curriculum-based measures) provides documentation of past performance and current grade level standard mastery. Cumulative school records, past teacher interview and parent interview are ideal sources to obtain historical educational information and observations.

Individually-administered standardized achievement tests may provide additional information based on referral concerns that may be necessary when determining present levels of academic performance and educational impact. When appropriate, assessments should include the subjects of reading, math and writing. The examiner may include a testing of limits to help explore skills further.

In order to gain further understanding of the child's engagement during instruction, study skills, and classroom performance, evaluations should include teacher, parent, and student input when appropriate (e.g., interviews, questionnaires, checklists). These skills should also be addressed as part of the required direct observations.

Standard 5: Documentation, including observation and/or assessment, of how Deaf-Blindness adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Documentation of the how the suspected disability is adversely affecting the student within the learning environment is an essential component of determining the appropriate level of

service. To ensure a special education level of service is the least restrictive environment, teams should provide extensive documentation of the prevention and intervention efforts, as well as the data indicating that these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

Deaf-Blindness Evaluation Participants

Information shall be gathered from the following persons in the evaluation of deaf-blindness:

- (1) The parent;
- (2) The child's general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist;
- (5) A licensed speech/language pathologist;
- (6) An ophthalmologist or optometrist;
- (7) A licensed teacher of students with visual impairments; and
- (8) Other professional personnel, as indicated (e.g., speech-language teacher, low vision specialist, orientation and mobility instructor, school psychologist).

Evaluation Participants Guidance:

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- The parent(s) or legal guardian(s)
 - developmental and background history
 - social/behavioral development
 - current concerns
 - other relevant interview information
 - rating scales
- The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher)
 - observational information
 - academic skills
 - rating scales
 - work samples
 - RTI² progress monitoring data, if appropriate
 - behavioral intervention data, if appropriate
 - other relevant quantitative and/or qualitative data
- The student's special education teacher(s) (e.g., IEP development teacher/case manager)

- observational information
- achievement tests
- pre-vocational checklists
- transitional checklists/questionnaires/interviews
- vocational checklists/questionnaires/interviews
- other relevant quantitative data
- other relevant qualitative data

- A licensed teacher of students with visual impairments
 - functional vision and media assessment
 - orientation and mobility screening
 - observations

- A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist
 - audiological evaluation
 - medical history

- A licensed speech/language pathologist
 - formal and informal assessment addressing developmental communication skills (i.e., language evaluation)
 - observations
 - interviews
 - developmental history

- An ophthalmologist or optometrist
 - eye examination/ eye report

- One or more of the following persons (as appropriate)
 - A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
 - formal and informal assessments (e.g., developmental assessment, cognitive, achievement if appropriate, adaptive measures, social-emotional scales)
 - observations
 - interviews with caregivers
 - developmental history
 - An orientation and mobility specialist
 - full orientation and mobility assessment
 - A low vision specialist
 - direct assessments

- observations
- A speech and language teacher
 - observational information
 - indirect checklists

Components of Evaluation Report

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based & outside providers)
- Relevant developmental and background history (e.g., developmental milestones, family history and interactions)
- School history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, intervention history)
- Medical history-audiological and/or eye examination results
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Current assessment results and interpretations (e.g., written functional vision assessment, orientation and mobility assessment, learning media assessment, academic skills, observations, parent/ teacher/ student interviews, etc.)
- Tennessee's visual impairment or deaf-blindness disability definition
- Educational impact statement: review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- Summary
- Recommendations

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date.

Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the

student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).

- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Special Considerations for Visual Impairment and Deaf-Blindness

The re-evaluation assessment necessary to determine that a student meets the eligibility criteria needs to encompass not only academics, but also all standards associated with the disability category. Test scores alone cannot give a complete picture of the student's abilities or deficits. It is necessary to look at formal assessment tools and weigh the results of these against informal measures (e.g., checklist of child's sign communication skills for students who use sign language, student's fluency and clarity in language choice, teacher spelling/reading word lists, etc.) as well as observation, teacher reporting, parent reporting, and classroom functioning over time. While not required for a re-evaluation review (i.e., it is only required if the team agrees to comprehensive re-evaluation), it is recommended the team include an updated audiological report provided by a licensed audiologist detailing the student's hearing acuity, speech reception thresholds, and benefit of amplification devices as hearing acuity can fluctuate over time.

- Classroom observation suggested considerations: seating, participation in general curriculum compared to peers, self-advocacy skills, and benefit from an interpreter/transliterators.
- Classroom performance /Teacher Interviews suggested considerations: academics, attention, communication, classroom participation and social behaviors. (e.g., verbal comments, written interviews, teacher informal evaluations and electronic progress reports)

- Student interviews suggestions: summarize the student's self-evaluation of academic and social-emotional and advocacy strengths and concerns. This is particularly important in the transitional IEP.

The National Consortium on Deaf-Blindness recognizes the importance of parent input in the evaluation and re-evaluation of every child with a disability, but it is particularly important in the case of a child with deaf-blindness. It emphasizes the valuable information known to parents regarding their child's strengths when determining his or her needs. The sharing of medical, educational, and other history is necessary.

Re-evaluation Review Considerations for Visual Impairment

When reviewing all previous vision assessments, the IEP team and the certified teacher of the visual impaired must also review any new medical eye reports that may have been provided since the last full functional vision and media assessment and expanded core curriculum screening. However, it should be noted, that is a team decision in regards to what information is needed outside of a comprehensive evaluation. It is best practice to request copies of medical eye reports as often as the eye doctor recommends the student be re-examined. There are situations when the eye doctor may not recommend further eye exams because a student is totally blind or a student's visual acuity has been stable for so many years and there is no spectacle correction recommended. Most often, an eye doctor will recommend annual eye exams and the CTVI should work with the family to obtain a copy of the annual eye report. The medical eye report will note changes in acuity or visual functioning, changes in a progressive eye condition, or even new diagnoses. These are important factors in considering the need for re-evaluation.

The IEP team and CTVI must next review data from the student's last functional vision assessment. Review teacher concerns, parent concerns, and classroom observations from the previous assessment. Questions to consider include:

- Does the team have the same concerns?
- Does the student appear to have the same work habits or strengths and weaknesses?
- Is the student in a new school now versus during the last assessment?
- Will he be in a new school next year? Are settings going to change?

The IEP team and CTVI should have the same questions in mind as they review the previous learning media assessment. Questions to consider include:

- What is the student's reading level with his current literacy media?
- Is the student able to communicate effectively with current literacy media?
- If the student reads print, is print size going to change during the next re-evaluation cycle?

Even if there are no changes in the student's medical status, functional vision or literacy media, the IEP team and CTVI need to carefully consider each area of the expanded core curriculum for

re-evaluation. For students with visual impairments, IEP teams must remember that skills and concepts traditionally learned outside the educational setting are often difficult for students with visual impairments to learn because they cannot learn incidentally. For example, in order to understand a short story about a trip to the grocery store, a student who is blind must understand concepts such as what a grocery cart is, how to read labels and signs, or how produce is stacked. These simple concepts can make the difference between good comprehension and poor comprehension for a student with a visual impairment even though they are not “traditional educational” concepts. In addition, upcoming transitions are especially important when reviewing the previous expanded core curriculum assessment and screening.

The examples below are not all-inclusive. Individual students will have individual needs.

Orientation and Mobility:

- Does the student have additional disabilities that require s/he have supervision when traveling?
- Will the student reach or is s/he at an age where it is appropriate to make purchases independently; does s/he have the travel skills to do so?
- Will the student reach or is s/he at an age where the family wants her to be able to cross an intersection independently or walk to the bus stop independently?

Social and Behavior:

- Does the student have age-appropriate social skills?
- Are any deficits related to a visual impairment or additional disabilities?
- Does the student know how to use social media, if age appropriate?
- Assistive technology may be needed to address social skills as well as direct instruction in non-verbal communication.
- Recreation and leisure skills may need to be addressed in order to address social skills.

Sensory Efficiency:

- Is the student able to use low-vision devices efficiently?
- Does s/he attend to auditory cues in her environment?
- Will the student be in new environments where new cues will have to be learned?

Independent Living Skills:

- What age-appropriate chores can the child perform at home?
- What age-appropriate self-care skills can the child perform independently?
- Does he need accommodations such as learning how to organize his clothes or his money so that he can perform tasks independently?

Recreation and Leisure:

- Is the child able to participate in games with peers independently?
- What kind of games are age appropriate for this student?
- What kind of concerns does the team have regarding social skills?

Career or Pre-Vocational Skills:

- What age-appropriate pre-vocational skills can the child perform independently?
- Can the student independently locate his cubby or his locker in his new classroom or school?
- Is the student able to turn in work independently?
- Can the child discuss job and job concepts?
- Is a career interest inventory appropriate at this time?
- Are more complex computer skills needed to address career interests or pre-vocational skills?

Assistive Technology:

- Are assistive technology skills adequate for current setting?
- Will they remain adequate for future settings? For example, are new skills needed such as use of digital books and independently downloading one's own books?
- Will the student need to use assistive technology to complete tasks via email for middle school or high school?

Compensatory Skills:

- Can the student access media in the community?
- Can the student use portable devices?
- Within the educational setting, will the student be expected to complete more complex tasks next year such as chemistry labs or physics experiments?
- What skills does the student have to complete those tasks?

Self-Determination Skills:

- Can the student advocate for him/herself in an age-appropriate way?
- Does the student have an age-appropriate understanding of her eye condition and its implications?

Appendix A: TN Assessment Instrument Selection Form

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name _____ School _____ Date ____/____/____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

CONSIDERATIONS FOR ASSESSMENT													
THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM	<table border="1"> <tr> <td style="text-align: center;">LANGUAGE</td> <td> <input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English <input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning) </td> </tr> <tr> <td style="text-align: center;">ECONOMIC</td> <td> <input type="checkbox"/> Residence in a depressed economic area and/or homeless <input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch) <input type="checkbox"/> Necessary employment or home responsibilities interfere with learning </td> </tr> <tr> <td style="text-align: center;">ACHIEVEMENT</td> <td> <input type="checkbox"/> Student peer group devalues academic achievement <input type="checkbox"/> Consistently poor grades with little motivation to succeed </td> </tr> <tr> <td style="text-align: center;">SCHOOL</td> <td> <input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period) <input type="checkbox"/> Attends low-performing school <input type="checkbox"/> Transience in elementary school (at least 3 moves) <input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready </td> </tr> <tr> <td style="text-align: center;">ENVIRONMENT</td> <td> <input type="checkbox"/> Limited experiences outside the home <input type="checkbox"/> Family unable to provide enrichment materials and/or experiences <input type="checkbox"/> Geographic isolation <input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest </td> </tr> <tr> <td style="text-align: center;">OTHER</td> <td> <input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) <input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category </td> </tr> </table>	LANGUAGE	<input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English <input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)	ECONOMIC	<input type="checkbox"/> Residence in a depressed economic area and/or homeless <input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch) <input type="checkbox"/> Necessary employment or home responsibilities interfere with learning	ACHIEVEMENT	<input type="checkbox"/> Student peer group devalues academic achievement <input type="checkbox"/> Consistently poor grades with little motivation to succeed	SCHOOL	<input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period) <input type="checkbox"/> Attends low-performing school <input type="checkbox"/> Transience in elementary school (at least 3 moves) <input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready	ENVIRONMENT	<input type="checkbox"/> Limited experiences outside the home <input type="checkbox"/> Family unable to provide enrichment materials and/or experiences <input type="checkbox"/> Geographic isolation <input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest	OTHER	<input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) <input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category
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OTHER CONSIDERATIONS FOR ASSESSMENT													
___ May have problems writing answers due to age, training, language, or fine motor skills ___ May have attention deficits or focusing/concentration problems ___ Student's scores may be impacted by assessment ceiling and basal effects ___ Gifted evaluations: high ability displayed in focused area: _____ ___ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions ___ Is extremely shy or introverted when around strangers or classmates ___ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s) ___ May have another deficit or disability that interferes with educational performance or assessment													

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure: _____	Assessment Category/Measure: _____	Assessment Category/Measure: _____
---------------------------------------	---------------------------------------	---------------------------------------

Appendix B: Eye Report

Name of Student: _____ Sex: _____ Ethnicity: _____
 Address: _____ D.O.B.: ____/____/____
 Grade: _____ School: _____ School System: _____

I. HISTORY

- A. Probable age at onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____
- B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence. _____
- C. Has the pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship?

II. MEASUREMENTS (See Appendix C for preferred notation for recording visual acuity and table of approximate equivalents)

	Distant Vision			Near Vision			Prescription		
	Without Correction	With Best Correction	With Low Vision Aid	Without Correction	With Best Correction	With Low Vision Aid	SPH	CYL	Asia
Right Eye (O.D.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Left Eye (O.S.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Both Eyes (O.U.)	_____	_____	_____	_____	_____	_____	_____	_____	_____

- B. If glasses are to be worn, safety lenses were prescribed in: Plastic Tempered glass With ordinary lenses
- C. If low vision aid is prescribed, specify type and recommendation for use: _____
- D. FIELD OF VISION: Is there a limitation? Yes No If so, record results of test on chart on back of form
 What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____
- E. Is there impaired color perception? Yes No If so, for what color(s)? _____

III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT

- A. Present ocular condition(s) responsible for vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment.) O.D.

- B. Preceding ocular condition, if any, which led to present condition, or the underlined condition, specified in A.
- C. Etiology (underlying cause) of ocular condition O.S.
 Primarily responsible for vision impairment (e.g., specific disease, injury, poisoning, heredity or other prenatal influence).
 If etiology is injury or poisoning, indicate circumstance and kind of object or poison involved: _____

IV. PROGNOSIS AND RECOMMENDATIONS

- A. Is the student's vision impairment considered to be: Stable Deteriorating Capable of Improvement Uncertain
- B. What treatment is recommended, if any? _____
- C. When is re-examination recommended? _____
- D. Glasses: Not needed To be worn constantly For close work only Other (specify) _____
- E. Lighting requirements: Average Better than average Less than average
- F. Use of eyes: Unlimited Limited, as follows: _____
- G. Physical activity: Unrestricted Restricted as follows: _____

SEND EYE REPORT COPY TO:

Date of Examination _____

Name of Examiner _____

(Print or type)

Signature of Examiner _____ Degree _____

Appendix C: Preferred Visual Acuity Notations

DISTANCE VISION: Use Snellen notation with a test distance of 20 feet (e.g., 20/100, 20/60). For acuities less than 20/200, record distance at which 200-foot letter can be recognized as numerator or fraction and 200 as denominator (e.g., 10/200, 3/200). If the 200-foot letter is not recognized at 1 foot, record abbreviations for best distant vision as follows:

- HM HAND MOVEMENTS
- PLL PERCEIVES AND LOCALIZES LIGHT IN ONE OR MORE QUADRANTS
- LP PERCEIVES BUT DOES NOT LOCALIZE LIGHT
- No LP LOW-LIGHT PERCEPTION

NEAR VISION: Use standard A.M.A. notation and specify best distance at which pupil can read (e.g., 14 70 at 5 in.)

TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

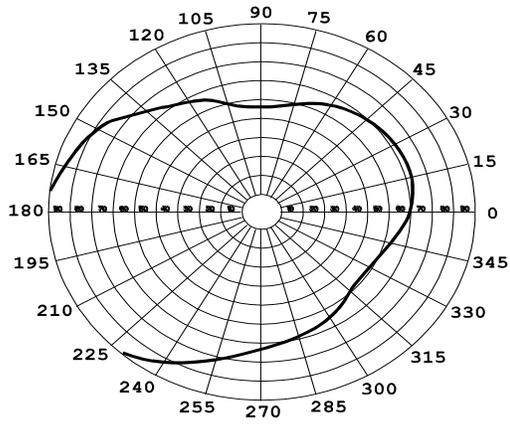
These notations serve only as an indication of the approximate relationship between recording of distant and near vision and point type sizes. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

<u>Distant Snellen</u>	<u>A.M.A.</u>	<u>Near</u>		<u>% Central Visual Efficiency for Near</u>	<u>Point</u>	<u>Usual Type Size</u>
		<u>Jaeger</u>	<u>Metric</u>			
20/20 (ft.)	14./14. (in.)	1	0.37(M.)	100	3	Mail order catalogue
20/30	14'/21	2	0.50	95	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/50	14/35	6	0.87	50	8	Newspaper directory
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 years
20/100	14/70	11	1.75	15	14	Children's books 8-9 years
20/120	14/84	12	2.00	10	18	
20/200	14/140	17	3.50	2	24	Large type text
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	8.00	1.0		
5/200	14/560					
3/200	14/900					

FIELD OF VISION Record results on chart below

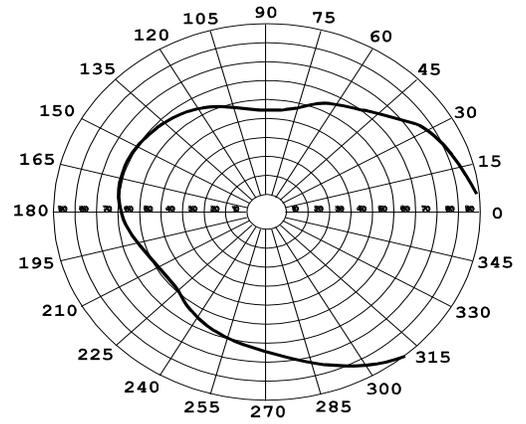
Type of test used _____ Illumination in ft. candles _____

LEFT EYE



Test Object: Color (s) _____ Size (s) _____
Distance (s) _____

RIGHT EYE



Test Object: Color (s) _____ Size (s) _____
Distance (s) _____

Appendix D: Sample Release of Information

Student: _____	School: _____
Date of Birth: _____	Parent/Guardian: _____
Address: _____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/ practice: _____

Address: _____

Phone Number: _____ Fax number: _____

- Medical
 Psychological/ Behavioral
 Vision/ Hearing
 Other: _____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below, and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child’s assessment. If you have any questions regarding this request, please feel free to call (____) _____ for clarification.

I authorize _____ (provider) to disclose protected health information about my child, _____, to the _____ school system. The release extends for the period of year or for the following period of time: _____

I do not authorize the above provider to release information about my child to the _____ school system.

Parent/Guardian Signature

Appendix E: Resources

Center for Parent Information and Resources: online resources regarding visual impairment in children. Found at: <http://www.parentcenterhub.org>

IRIS Center: professional development module for teachers for student with visual disabilities. *Accommodations to the Physical Environment: Setting up a Classroom for Students with Visual Disabilities.* <https://iris.peabody.vanderbilt.edu/module/v01-clearview>

American Foundation for the Blind: www.afb.org

Education for Students with Blindness or Visual Impairment:
<http://www.perkinselearning.org/scout/education-blind-visually-impaired>

Council for Exceptional Children/Division on Visual Impairment and Deaf-blindness:
Deaf-blindness information: <http://community.cec.sped.org/dvi/dbportal>
Position papers from the division for visual impairments and deaf-blindness:
<http://community.cec.sped.org/dvi/home>

National Center on Accessibility Educational Materials: information for families and educators regarding working with students with visual impairments. : <http://aem.cast.org/>

EARubric: Essential Assessments for Children who are Blind or Visually Impaired: resources for educators (TVI) assessing students who are visually impaired. <http://www.earubric.com>

Appendix F: Deaf-Blindness Assessment Documentation Form

Deaf-Blindness

Assessment Documentation

School System _____
 Student _____

School _____
 Date of Birth ___ / ___ / _____

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> Evidence of concomitant hearing and visual impairments, the combination causes such severe communication and other developmental and educational needs they cannot be accommodated in special education programs by addressing any one of the impairments. The child has at least one of the following: <ul style="list-style-type: none"> meets criteria for Deafness/Hearing Impairment and Visual Impairment is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature 		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures for Deafness or Hearing Impairments		
<ul style="list-style-type: none"> audiological evaluation 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> evaluation of speech and language performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> school history and levels of learning or educational performance - Deafness/Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> observation of the child's auditory functioning and classroom performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely affects the child's educational performance and the need for specialized instruction 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures for Visual Impairments		
<ul style="list-style-type: none"> eye exam and evaluation that includes documentation of eye condition with best possible correction and etiology, diagnosis, and prognosis 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Functional Vision and Media Assessment		
<ul style="list-style-type: none"> observation of visual behaviors - school, home, other 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> educational implications of eye condition (from eye report) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> assessment and/or screening - expanded core curriculum skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> school history and levels of educational performance related to visual impairment including student, teacher, and parent interviews 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> assessment of learning media to determine primary learning style; including reading, writing, listening, and tactile skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

○ self-determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ compensatory skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ evaluation of reading and writing skills, needs, appropriate reading and writing media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ evaluation current and future needs for braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• school history and levels of educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ student interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ parent interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ teacher interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• documentation (observation and/or assessment) of how Visual Impairment adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____ Signature of Assessment Team Member	_____ Role	____/____/____ Date
_____ Signature of Assessment Team Member	_____ Role	____/____/____ Date
_____ Signature of Assessment Team Member	_____ Role	____/____/____ Date
_____ Signature of Assessment Team Member	_____ Role	____/____/____ Date

Visual Impairment Assessment Documentation