

# Visual Impairment

## Assessment Documentation

School District \_\_\_\_\_  
 Student \_\_\_\_\_

School \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_

Grade \_\_\_\_\_  
 Age \_\_\_\_\_

| 1. Definition   |                              |                             |
|---|------------------------------|-----------------------------|
| 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visual Impairment includes at least <b>one (1)</b> of the following:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Visual Acuity</li> </ul>   |                              |                             |
| <ul style="list-style-type: none"> <li>○ Legal blindness – 20/200 or less at distance and/or near</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ Low vision – 20/ 70 or less at distance and/or near</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Visual Field Restriction</li> </ul>  |                              |                             |
| <ul style="list-style-type: none"> <li>○ Legal Blindness – remaining visual field of 20 degrees or less</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ Low Vision – remaining visual field of 60 degrees or less</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ Medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually</li> </ul>         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Other Visual Impairment, not perceptual in nature, resulting from a medically documented condition</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Evaluation Procedures  |                              |                             |
| <ul style="list-style-type: none"> <li>• eye exam and evaluation by ophthalmologist or optometrist that includes documentation of eye condition with best possible correction</li> </ul>                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ name of physician: _____</li> <li>○ date of report: _____</li> </ul>   |                              |                             |
| <ul style="list-style-type: none"> <li>○ eye exam report includes etiology, diagnosis, and prognosis</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written Functional Vision and Media Assessment includes:  |                              |                             |
| <ul style="list-style-type: none"> <li>• observation of visual behaviors – school, home, and other environments</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• evaluation of educational implications of eye condition (from eye report)</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Expanded Core Curriculum Skills Assessment and/or Screening</li> </ul>   |                              |                             |
| <ul style="list-style-type: none"> <li>○ orientation and mobility</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ social interaction</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ visual efficiency</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ independent living</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ recreation and leisure</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ career education</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ assistive technology</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ sensory efficiency</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ self-determination</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ compensatory skills</li> </ul>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ evaluation of reading and writing skills, needs, appropriate reading and writing media</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>○ evaluation of current and future needs for braille</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• evaluation of school history and levels of educational performance</li> </ul>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

