## Visual Impairment
### Assessment Documentation

<table>
<thead>
<tr>
<th>School District</th>
<th>School</th>
<th>Grade</th>
<th>Student</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
</table>

### 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.

Visual Impairment includes at least one (1) of the following:

- **Visual Acuity**
  - Legal blindness – 20/200 or less at distance and/or near
  - Low vision – 20/70 or less at distance and/or near

- **Visual Field Restriction**
  - Legal Blindness – remaining visual field of 20 degrees or less
  - Low Vision – remaining visual field of 60 degrees or less
  - Medical and educational documentation of progressive loss of vision, which may in the future affect the student’s ability to learn visually

- **Other Visual Impairment**, not perceptual in nature, resulting from a medically documented condition

### 2. Evaluation Procedures

- Eye exam and evaluation by ophthalmologist or optometrist that includes documentation of eye condition with best possible correction
  - **Name of physician:**
  - **Date of report:**
  - **Eye exam report includes etiology, diagnosis, and prognosis**

**Written Functional Vision and Media Assessment includes:**

- Observation of visual behaviors – school, home, and other environments
- Evaluation of educational implications of eye condition (from eye report)
- Expanded Core Curriculum Skills Assessment and/or Screening
  - Orientation and mobility
  - Social interaction
  - Visual efficiency
  - Independent living
  - Recreation and leisure
  - Career education
  - Assistive technology
  - Sensory efficiency
  - Self-determination
  - Compensatory skills
  - Evaluation of reading and writing skills, needs, appropriate reading and writing media
  - Evaluation of current and future needs for braille
- Evaluation of school history and levels of educational performance
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>student interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>parent interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>teacher interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>documentation (observation and/or assessment) of how Visual Impairment adversely impacts educational performance</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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