

SUMMARY OF EVALUATION/ELIGIBILITY WORKSHEET – VISUAL IMPAIRMENT

Student: _____
 School: _____

DOB: ____/____/____
 Grade: _____

Date	Instrument	Summary of Required Screenings and Evaluation
	Hearing Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail _____ dB (Intensity Level) _____ Hz (Frequencies)
	Summary of conference(s) with parent(s) or documentation of attempts to conference:	
	Social/Developmental History:	
	Educational Evaluation:	
	Ophthalmological or Optometric Evaluation:	
For school age children:		
	Academic, Functional and Behavioral Observation across settings (address expanded core curriculum):	
	Braille Skills Inventory and/or Learning Media Assessment:	
	Functional Vision Assessment:	
For preschool children:		
	Observation across settings to include: - Physical, behavioral, and environmental characteristics; - Shutting or covering one eye, tilting head forward, squinting eyelids together;	

	<ul style="list-style-type: none"> - Difficulty with tasks requiring vision; - Avoidance of near work tasks or irritation when required to do near work; - Inability to see distant objects; - Difficulty with navigation; - Eye appearance (eg. crossed-eyes or nystagmus) 	
	Other:	

As a result of the required screenings, evaluations, and review of existing information, what do we now know about the student?

Strengths:	
Needs:	

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

AFTER COMPLETING WORKSHEET, IEP TEAM MUST DETERMINE ELIGIBILITY.
(See Eligibility Determination Form)