## Evaluation Suite: Templates to Determine Vision Needs

These five templates were created to assist the teacher of students with visual impairments (TVI) in completing Functional Vision Evaluations and Learning Media Assessments that are student centered and designed to address the special needs of this diverse low-incidence disability.

The evaluation suite templates are specialized for students with no other disability (general), infants, students with a cortical visual impairment (CVI), students with multiple and visual impairments (MIVI), and a deafblind supplement, which may be used in conjunction with any other template. Each of these broad categories requires different evaluation instruments and techniques. What remains constant is the need to create evaluations that are student centered, individualized, and meaningful with clear recommendations. Great care has been taken to ensure that legal requirements have been met, a robust learning media assessment is the expectation, and the language is simple to understand. We hope these templates will help guide the writing of these critical evaluations.

**Evaluation Suite: Options**

**FVE/LMA Interactive Template (Adobe®):** The FVE/LMA Interactive Template provides the evaluator with a fillable interactive form, which includes dropdown menus, roll-over text windows, and populated text boxes. The FVE/LMA Interactive Template can be utilized independently or with the FVE/LMA Resource Guide. This interactive template is published in Adobe® Acrobat Pro DC. Therefore, the evaluator must be running Adobe® Acrobat Pro DC in order to save work written within the template. The evaluator can utilize this tool without running Adobe® Pro DC, however, the only option available will be to print out the report.

**Evaluation Resource Guide:** The evaluation resource guide is designed to be utilized independently or paired with the evaluation template to provide suggested text resources, evaluation tools, and observation tips to assist in the completion of either an initial evaluation or reevaluation in order to determine the area(s) of need for specialized instruction.

**Evaluation Shell (Word®):** The FVE/LMA Shell is a Word® document designed to provide a “shell” or template to guide the evaluator through the evaluation and ensure that all critical areas have been addressed. You can utilize the FVE/LMA Shell independently or pair it with the Evaluation Resource Guide to provide additional resources throughout your evaluation. The FVE/LMA Shell is simply a Word® document; therefore you can save your work and return to it anytime in order to complete your report.

**Deafblind Supplement:** The deafblind supplement is designed to be paired with all Interactive Templates and Evaluation Shells when addressing the suspected needs of a student with hearing loss. This supplement can aid in the consideration of eligibility.

**FUNCTIONAL VISION EVALUATION AND LEARNING MEDIA ASSESSMENT**

**Multiple Impairment and Visual Impairment (MIVI)**

|  |  |
| --- | --- |
| Name: | Campus: |
| DOB: | Evaluator: |
| Date: | Texas Unique ID: |

**Introductory paragraph about your student. (See Guide)**

**Describe:**

Click or tap here to enter text.

**Evaluation Summary**

STUDENT has been referred by the Choose an item. to determine Choose an item. functional vision as part of Choose an item. STUDENT is in the Click or tap here to enter text. in a Click or tap here to enter text. It is the recommendation of this evaluator that STUDENT Choose an item. the eligibility criteria for Special Education as a student with a Visual Impairment. A Low Vision Evaluation Choose an item. recommended.

STUDENT Choose an item. be registered each year with TEA as a student with a Visual Impairment.

Parents, teachers, and (choose all that apply) collaborated by providing information or assisting with the evaluation.   
 Occupational Therapist  Physical Therapist  Speech Therapist/Interpreter/Intervener  Orientation and Mobility Specialist  Other Click or tap here to enter text.

STUDENT was seen by Dr. LAST NAME on DATE. Dr. LAST NAME reported that STUDENT Choose an item.have a serious visual loss after correction in a clinical setting.

After completing the Functional Vision Evaluation and Learning Media Assessment, this evaluator recommends that STUDENT should receive specially designed instruction in these proposed areas of the Expanded Core Curriculum (choose all that apply):  
Assistive Technology  Career Education Compensatory Skills Recreation and Leisure Skills  Independent Living Skills  Orientation and Mobility Social Interaction Skills Self Determination Skills Sensory Efficiency Skills

STUDENT Choose an item. meet the definition of a student with a visual impairment.

STUDENT requires the following accommodations to be successful in school:

**Describe:**

Click or tap here to enter text.

**Recommendations to Other Evaluators**

Discuss evaluation instruments and recommendations with the CTVI/COMS prior to testing. Use the accommodations recommended by the CTVI/COMS during the evaluation. Presentation of materials should be discussed and modeled by the CVTI prior to additional assessments.

**Describe:**

Click or tap here to enter text.

**Ocular History**

Summarize ocular history, age of onset and history information from State Eye Report. Dr. LAST NAME reported STUDENT visual acuity as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Without Correction** | | **With Best Correction** | |
|  | **Near** | **Distance** | **Near** | **Distance** |
| **Right** |  |  |  |  |
| **Left** |  |  |  |  |

Dr. LAST NAME reported that STUDENT is Choose an item..

Dr. LAST NAME reported STUDENT muscle function is Choose an item.. Include any additional description provided by the doctor. BLANK was used to test STUDENT visual fields and Dr. LAST NAME reported that Choose an item.. STUDENT color vision is Choose an item... STUDENT Choose an item. exhibit photophobia. STUDENT primary cause of visual loss is blank.

STUDENT prognosis is Choose an item..

Choose an item. were/was recommended as treatment. Dr. LAST NAME reported that STUDENT Choose an item..

**Other Significant Medical Information and Medication**

STUDENT visual functioning, near and distance vision was assessed in the (check all that apply):

bathroom cafeteria classroom gym other Click or tap here to enter text.

bathroom cafeteria classroom gym other Click or tap here to enter text.

bathroom cafeteria classroom gym other Click or tap here to enter text.

STUDENT Choose an item. wear Choose an item. and Choose an item.

**Parent Interview**

**Describe:**

Click or tap here to enter text.

**Teacher Interview**

**Describe:**

Click or tap here to enter text.

**Social**

**Self**

|  |  |
| --- | --- |
| Reflex-like responses  No self-stimulatory behavior  Awareness of body movements  Food preferences  Different response in familiar/unfamiliar environments  Reacts to frustration (tantrum, self-stimulation, withdrawal)  Responds to changes in familiar environment (stares at changed area, cries, avoids area)  Anticipates familiar events  Seeks comfort objects when stressed or tired | Uses objects in intended way  Teases adult by “threatening” inappropriate behavior  Doesn’t throw food or play with it  Knows it is unacceptable to cause physical harm to  someone  Uses please/thank you  Turn taking  Upset when others break rules  Understands rules and can regulate social behavior without presence of adult |

**Social**

**Others**

|  |  |
| --- | --- |
| Shows no awareness to presence of adult  Responds to person to person contact  Studies/attends to adult visually or tactually  Attends to adult’s voice  Responds with one behavior to adult’s attempt to interact  Shows awareness of difference between familiar/unfamiliar adults  Engages in interaction  Plays game with adult (tickle, roll ball)  Initiate interaction with adult  Waits to maintain contact with familiar adult (seeks caregiver when uncomfortable, happy when they return) | Seeks social interactions  Responds to commands  Initiates activity that adult regularly engages in with child (gets book to read, gets ball to play, etc.)  Actively makes choices  Possessive of things that are his/hers (*mine*)  Engages in pretend play with adult  Same as previous but with peers  Wants to help younger child with activity  Selects same-sex playmates  Wants to win games |

**Describe:**

Click or tap here to enter text.

**Communication**

**Expressive**

|  |  |
| --- | --- |
| Cries  Different cries/vocalizations for specific discomfort  Smiles/vocalizes when familiar person or object enters environment (any type of cue)  Participates in familiar motion after initiated by adult  Signals to continue single/multiple activities Uses simple gestures  Copies movement co-actively  Imitates movement after adult  Imitates simple gestures or vocalizations  Has one or more gestures/sign/ vocalization not generalized  Initiates activity outside of routine  Imitates body movement after adult demonstration | Asks for/identifies object using gestures  Points to objects  Has one or two words/signs for related activities  Interact with another person/object  Has spontaneous and appropriately used words  Names familiar object in play  Combines 2 words  Shows interest in learning new words  Expresses refusal by saying/signing no Uses own name  Uses no/not with other words (no milk, no eat)  Asks what/where questions |

**Communication**

**Receptive**

|  |  |
| --- | --- |
| Change in behavior when stimulated  Smiles/grimaces (list what student responds to: Click or tap here to enter text.   Attends to voice  Distinguish between voices and other sound  Repeats own body movement (scratch, guttural sound, licks object, rocks)  Anticipates familiar event from body cues (feeding, play routine, etc.)  Attempt at participation when moved by another person  Independently interacts with objects after incidental contact  Understands simple touch gestures/tactile prompts  Anticipates next movement in a sequence  Understands simple command when communicated by gesture  Anticipates routine event from any type of cue | Understands gestures for functional use of object  Attend to something when teacher points to it  Understands gestures for functional use of object when object is not present (retrieves object)  Understands commands using spoken language or formal sign (1-word, 2-word, 3-word, etc.)  Responds to stop/wait  Responds to name  Recognizes what/where/who/whose and responds  Can be reasoned with using formal language  Remembers events from yesterday  Follows two-step unrelated commands   Responds to why/when questions |

**Describe:**

Click or tap here to enter text.

**Indoor Visual Functioning**

Depth Perception

**Describe:**

Click or tap here to enter text.

STUDENT Choose an item. demonstrate difficulty with depth perception.

Field Boundaries

**Describe:**

STUDENT Choose an item. demonstrate a functional field loss.

Click or tap here to enter text.

**Near Vision**

|  |  |
| --- | --- |
| Attends to large object within 30 seconds  Looks at caregiver  Looks toward light source  Attends to small object Looks at objects in hand  Bats at object  Plays with hands at midline looking at them  Moves toward objects in visual field  Reaches far for object in distance and near for near object  Anticipates whole object when only seeing a part  Touches objects in front or above  Touches objects in any visual plane  Reaches for small object with two fingers and large object with hand  Rolls ball  In/out of large/small container | Stacks  Accurate reach while looking away  Visually explores objects in hands  Reaches for dropped object  Imitates vertical/horizontal strokes  Copies circles/lines  Shapes, cuts with scissors on straight/curved line  Stays in line tracing/coloring, writes numbers and letters  Recognizes pictures of familiar objects  Matches identical objects  Matches picture to object  Sorts objects  Match by size  Matches letters |

**Describe:**

Click or tap here to enter text.

**Distance Vision**

Looks toward light source

Walks following a line/circle/square

Catches ball

Bounces ball

Looks at desired object and goes to it

**Describe:**

Click or tap here to enter text.

**Outdoor Visual Functioning**

**Describe:**

Click or tap here to enter text.

**Learning Media**

STUDENT primary sensory channel is Choose an item. and Choose an item. secondary sensory channel is Choose an item..

STUDENT primary learning media are describe.

STUDENT primary literacy media is Choose an item..

STUDENT secondary literacy media is Choose an item..

**Ongoing Evaluation**

Ongoing evaluation of learning media Choose an item..

**Describe if *is needed* is chosen:**

Click or tap here to enter text.

**Texas Senate Bill 522**

“T*he individualized education program for a student with a visual impairment must include instruction in braille and the use of braille unless the student's admission, review, and dismissal committee determines and documents that braille is not an appropriate literacy medium for the student. The committee's determination must be based on an evaluation of the student's appropriate literacy media and literacy skills and the student's current and future instructional needs.”*

STUDENT Choose an item.meet the definition of a student with a visual impairment.

**Braille Instruction (Info)**

**Describe:**

Click or tap here to enter text.

**Visual (info)**.

STUDENT demonstrated Click or tap here to enter text. visual behaviors during a Click or tap here to enter text. minute time period.

**Figure Ground (info)**.

STUDENT Choose an item.have difficulty with figure ground.

**Motility (info)**

STUDENT Choose an item. track in all directions.

**Eye-Hand Coordination (info)**.

STUDENT Choose an item. age appropriate eye-hand coordination skills.

**Color (info)**

STUDENT Choose an item. have difficulty identifying colors.

**Contrast (info)**

STUDENT Choose an item. demonstrate contrast sensitivity.

**Auditory (info)**

STUDENT demonstrated Click or tap here to enter text. auditory behaviors during a Click or tap here to enter text. minute time period.

**Tactual (info)**

STUDENT demonstrated Click or tap here to enter text. tactual behaviors during a Click or tap here to enter text. minute time period.

**Olfactory (info)**

**Describe:**

Click or tap here to enter text.

**Gustatory (info)**

**Describe:**

Click or tap here to enter text.

**Reading (info)**

**Describe:**

Click or tap here to enter text.

**Writing (info)**

**Describe:**

Click or tap here to enter text.

**Math (info)**

**Describe:**

Click or tap here to enter text.

**Other (info)**

**Describe:**

Click or tap here to enter text.

**Eligibility**

*In my professional opinion,* STUDENT*,* Choose an item. *eligibility criteria for visually impaired as defined by the Commissioner’s Rules under the Texas Education Code (TAC 89.1040). This decision is based on the results of the eye specialist’s evaluation, Functional Vision Evaluation, and Learning Media Assessment. Determination of eligibility for special education services is the responsibility of the Admissions, Review, and Dismissal Committee.*

Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_