## 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**

**Cerebral/Cortical Visual Impairment (CVI)**

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

**Introductory paragraph about your student. (Info)**

**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 STUDENTChoose an item. the eligibility criteria for Special Education as a student with a Visual Impairment. A Low Vision EvaluationChoose 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. [ ]  Orientation and Mobility Specialist [ ]  Physical Therapist [ ]  Speech Therapist [ ]  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 TVI/COMS prior to testing. Use the accommodations recommended by the TVI/COMS during the evaluation. Presentation of materials should be discussed and modeled by the TVI 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. Click or tap here to enter text.. Click or tap here to enter text. 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 Describe.

STUDENT prognosis is Choose an item..

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

**Other Significant Medical Information and Medication**

**Describe:**

Click or tap here to enter text.

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.

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

**Resources for CVI Evaluation (Info)**

**Describe:**

Click or tap here to enter text.

**Parent Interview**

**Describe:**

Click or tap here to enter text.

**Teacher Interview**

**Describe:**

Click or tap here to enter text.

**Indoor Visual Functioning**

Depth Perception  (Info)

**Describe:**

Click or tap here to enter text.

STUDENT Choose an item. demonstrate difficulty with depth perception.

Field Boundaries (Info)

**Describe:**

STUDENT Choose an item. demonstrate a functional field loss (describe below).

Click or tap here to enter text.

**Describe:**

STUDENT Choose an item. demonstrate a visual field preference.

Click or tap here to enter text.

Visual Reflex Response  (Info)

.STUDENT Choose an item. demonstrate a visual reflex response (describe below).

**Describe:**

Click or tap here to enter text.

Difficulties with Visual Complexity  (Info)

STUDENT Choose an item. demonstrate difficulty with visual complexity (describe below):

**Describe:**

Click or tap here to enter text.

Visual Latency  (Info)

STUDENT Choose an item. demonstrate difficulty with visual complexity (describe below):

**Describe:**

Click or tap here to enter text.

Need for Movement  (Info)

STUDENT Choose an item. demonstrate a need for movement (describe below):

**Describe:**

Click or tap here to enter text.

Eye-Hand Coordination  (Info)

STUDENT Choose an item. accurately demonstrate eye-hand coordination skills (describe below):

**Describe:**

Click or tap here to enter text.

Visually Guided Reach  (Info)

STUDENT Choose an item. accurately demonstrate a visually guided reach (describe below):

**Describe:**

Click or tap here to enter text.

Color Preference  (Info)

STUDENT Choose an item. have difficulty identifying colors (describe below):

**Describe:**

Click or tap here to enter text.

STUDENT Choose an item. demonstrate a color preference (describe below):

**Describe:**

Click or tap here to enter text.

Difficulty with Visual Novelty  (Info)

STUDENT Choose an item. demonstrate difficulty with visual novelty (describe below):

**Describe:**

Click or tap here to enter text.

Need for Light (Info)

STUDENT Choose an item. demonstrate a need for light (describe below):

**Describe:**

Click or tap here to enter text.

**Social/Emotional (Info)**

|  |  |
| --- | --- |
| [ ] Locates a friend in the classroom[ ]  Locates a friend in a different environment[ ]  Interacts with staff[ ]  Interacts with peers[ ]  Recognizes familiar people in photos**Describe:**Click or tap here to enter text. | [ ]  Understands facial expressions of others[ ]  Awareness of personal space[ ]  Difficulty with transition[ ]  Shows signs of over-stimulation in the classroom[ ]  Shows signs of over-stimulation in different environments |

**Near Vision (Info)**Click or tap here to enter text.

**Distance Vision (Info)**

Click or tap here to enter text.

**Outdoor Visual Functioning (Info)**

Click or tap here to enter text.

**Learning Media (Info)**

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 (Info)**

Ongoing evaluation Choose an item..

**Describe:**

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 perception.

**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.

**Science (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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_