## 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**

**Infants**

|  |  |
| --- | --- |
| 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. **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 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. [ ]  Orientation and Mobility [ ]  Physical Therapist [ ]  Speech Therapist/Interpreter/Intervener [ ]  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.has 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.

**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.. 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 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**

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

[ ]  daycare [ ] home [ ] other Click or tap here to enter text.

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

**Resources for Infant Evaluation (info)**
**Describe:**

Click or tap here to enter text.

**Social/Emotional**

**0–12 months**

|  |  |
| --- | --- |
| [ ] Recognizes caregiver's voice[ ]  Can be soothed by voice or touch[ ]  Smiles when played with[ ]  Initiates request for attention[ ]  Differentiates between familiar and unfamiliarPeople**1–2 years**[ ]  Imitates caregiver[ ]  Plays alongside other children[ ]  Greets familiar people**2–3 years**[ ]  Enjoys helping around the house[ ]  Likes to be praised[ ]  Initiates peer contact | [ ]  Unsure of strangers[ ]  Shows fear of separation[ ]  Cries when caregiver leaves[ ]  Enjoys social games (ex. Peek-a-Boo)[ ]  Asks for help[ ]  Pulls at someone to gain attention[ ]  Shares with another child when asked[ ]  Is aware of people's feelings[ ]  Engages in solitary play[ ]  Enjoys hearing familiar stories repeated |

**Communication**

**0–12 months**

|  |  |
| --- | --- |
| [ ]  Different cries for different wants/needs[ ]  Responds to familiar voices[ ] Reacts to sudden sounds[ ]  Ignores certain sounds and attends to others[ ]  Turns toward sound[ ]  Makes three different vowel sounds**1–2 years**[ ]  Anticipates routines in response to a familiar request[ ]  Names two to three body parts[ ]  Uses 10 words appropriately**2–3 years**[ ]  Names two to three animals[ ]  Uses at least 50 different words[ ]  Tells what he/she is doing | [ ]  Imitates vocalization[ ]  Produces vowel-consonant combinations (ex. ga-ga or ba-ba)[ ]  Uses gestures[ ]  Jabbers expressively[ ]  Begins to name things[ ]  Says first name when asked[ ]  Answers yes/no questions[ ]  Uses two-word sentences[ ]  Uses *I, Me, Mine*[ ]  Uses plural form of words[ ]  Uses language to request help/permission |

**Cognitive Development**

**0–12 months**

|  |  |
| --- | --- |
| [ ]  Recognizes primary caregiver[ ]  Plays with rattle[ ]  Cries when hungry or uncomfortable[ ]  Turns toward sound[ ]  Places objects in mouth[ ]  Shows preference in play materials**1–2 years**[ ]  Uses two related objects[ ]  Matches objects[ ]  Explores cabinets and drawers at home**2–3 years**[ ]  Tells his/her age, verbally or showing fingers[ ]  Works to solve simple problems[ ]  Engages in role-playing | [ ]  Searches briefly for object lost from grasp but not in contact with body[ ]  Reaches for object in contact with body[ ]  Explores different textures[ ]  Uncovers toy[ ]  Pulls string to activate toy[ ]  Locates fixed object[ ]  Stacks two to three blocks[ ]  Gives or touches five items when requested[ ]  Find object when function is described[ ]  Remembers parts of rhymes or songs[ ]  Knows own gender |

**Fine Motor**

**0–12 months**

|  |  |
| --- | --- |
| [ ]  Plays with hands[ ]  Uses hands for purposeful action[ ]  Retains object placed in hand[ ]  Plays with toys that produce sound[ ]  Reaches for object in contact with bodywith one hand (rather than two)[ ]  Places objects in mouth **1–2 years**[ ]  Stacks large objects[ ]  Grasps two small objects in one hand[ ]  Scribbles with crayon**2–3 years**[ ]  Strings three to five beads[ ]  Picks up small finger foods one at a time[ ]  Turns pages of book one at a time  | [ ]  Transfers objects from hand to hand[ ]  Brings object to midline[ ]  Pulls objects out of container[ ]  Explores different textures[ ]  Places object in container[ ]  Pulls string to activate toy[ ]  Plays pat-a-cake[ ]  Places five to six objects in container with small opening[ ]  Rotates right to turn knob[ ]  Tears paper into two strips[ ]  Folds paper in half[ ]  Screws/unscrews threaded items |

**Gross Motor**

**0–12 months**

|  |  |
| --- | --- |
| [ ]  Holds head steady while being moved[ ]  Lifts head up when on belly[ ]  Elevates self by arms when on belly (totallyblind or LP only babies may not do this untilafter they roll from back to belly)[ ]  Sits with some support[ ]  Rolls from belly to back, from back to belly[ ]  Sits alone steadily[ ]  Pulls to standing (while holding your hands)[ ]  Moves forward through crawling, creeping, orany other method[ ]  Pulls self to sitting position**1–2 years**[ ]  Walks alone (three steps)[ ]  Moves around large obstacles[ ]  Throws ball with two hands[ ]  Sits in small chair independently**2–3 years**[ ]  Walks on many surfaces, rarely falling[ ]  Jumps in place[ ]  Walks upstairs holding rail independently[ ]  Runs five feet  | [ ]  Pulls to standing position (using furniture)[ ]  Sits down[ ]  Attempts to walk (while holding your hand)[ ]  Creeps forward on hands and knees 3 feet or more[ ]  Takes coordinated steps (while holding your hand)[ ]  Stands alone[ ]  Bends down to pick up object[ ]  Walks sideways holding on to furniture[ ]  Uses feet to move on riding toy[ ]  Walks independently[ ]  Walks upstairs with help, downstairs with help[ ]  Walks on tiptoes[ ]  Sits cross-legged on the floor[ ]  Climbs up and slides down small slide[ ]  Kicks ball |

**Self-Help**

**0–12 months**

|  |  |
| --- | --- |
| [ ]  Sucks and swallows liquid[ ]  Swallow pureed food[ ]  Holds bottle independently lying on back[ ]  Mouths and gums cookie/cracker[ ]  Drinks from cup held by adult**1–2 years**[ ]  Drinks from cup with lid independently[ ]  Feeds self with spoon, with spills[ ]  Removes socks independently[ ]  Cooperates when face and hands are washed**2–3 years**[ ]  Drinks from a straw[ ]  Stabs food with fork and brings to mouth[ ]  Drinks from open cup[ ]  Pulls pants up and down with assistance  | [ ]  Feeds self with fingers[ ]  Chews soft foods[ ]  Holds spoon and brings it to mouth[ ]  Helps undress, tries to remove clothes[ ]  Cooperates when face and hands are washed[ ]  Removes unfastened coat[ ]  Tolerates hair being brushed or nose being wiped with tissue[ ]  Takes off pullover shirt[ ]  Puts on socks and coat[ ]  Washes hands, may need help with soap[ ]  Dries hands with towel |

**Near Vision**

|  |  |
| --- | --- |
| [ ]  Pupillary response[ ]  Pupils reflect light evenly[ ]  Squints in bright light[ ]  Gazes at light, aware of light on/off[ ]  Attends 10 seconds or more to face or movingobject[ ]  Eyes converge on a target[ ]  Attends 30 seconds to large objects or patterns[ ]  Smiles at self in mirror[ ]  Shifts attention[ ]  Visually follows slow-moving object[ ]  Tracks horizontally[ ]  Tracks vertically[ ]  Responds to objects presented in all fields[ ]  Demonstrates visually directed reach[ ]  Smiles at familiar person with no sound[ ]  Picks up toy dropped within reach  | [ ]  Demonstrates accurate reach[ ]  Visually examines held objects[ ]  Attends to picture/book[ ]  Looks inside container[ ]  Points to self in mirror[ ]  Turns book right side up[ ]  Attends to video image[ ]  Makes marks on paper[ ]  Names self and other familiar people in picture[ ]  Matches one or two colors[ ]  Visually searches for missing object/person[ ]  Points to pictures[ ]  Locates requested picture in familiar book[ ]  Matches similar pictures[ ]  Names shapes |

**Describe additional observation:**

Click or tap here to enter text.

**Distance Vision**

|  |  |
| --- | --- |
| [ ]  Smiles at familiar person beyond 3 feet[ ]  Follows ball or moving toy | [ ]  Points at distant objects[ ]  Reciprocates waving |

**Describe additional observation:**

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 (info)**

**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**

**Describe:**

Click or tap here to enter text.

**Visual**

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**

STUDENT Choose an item.have difficulty with figure-ground perception.

**Motility**

 STUDENT Choose an item. track in all directions.

**Eye-Hand Coordination**

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

**Color**

STUDENT Choose an item. have difficulty identifying colors.

**Contrast**

STUDENT Choose an item. demonstrate contrast sensitivity.

**Auditory**

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

**Tactual**

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

**Olfactory**

**Describe:**

Click or tap here to enter text.

**Gustatory**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_