

**EVALUATION TEAM RECOMMENDATION
Visual Impairment (VI)**

File #:	MET Date:
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Student: _____ D.O.B: _____ Age: _____
 District: _____ School: _____
 Dom. Language: _____ Grade: _____

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to recommend eligibility for special education as a student with a visual impairment:

Required Information:	Name and Date of Attached Report/Document
Ability/achievement level	_____
Classroom performance (Relevant behavior and relationship to achievement)	_____
Orientation and mobility <i>(If applicable)</i>	_____
Relevant vision/medical information <i>(May include a functional visual assessment)</i>	_____
Physician statement that medical condition is permanent <i>(If applicable)</i>	_____
Information from parents	_____

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- This student manifests **all** of the following characteristics:
 1. The student manifests a visual impairment which, even with correction, interferes with development or which adversely affects educational performance. Visual impairment includes both partial sight and blindness.
 2. The student manifests one or more of the following: *(Check all that apply)*
 - A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction.*
 - A peripheral field of vision restricted to not more than 20 degrees.*
 - A diagnosed progressively deteriorating eye condition.

* For students with a visual acuity of 20/200 or less after routine refractive correction, or who have a peripheral field of vision restricted to not more than 20 degrees, an evaluation by an orientation and mobility specialist was conducted.

- 3. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the visual impairment rule (R340.1708). Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Teacher _____	Other/Title _____
Ophthalmologist/ Optometrist* _____	O&M Specialist* _____

* (Signature on attached report)

* (As stipulated in assurance statements)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Visual Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, adaptive, and vision scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, adaptive behavior, and vision.</i>		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Medical Conditions That Impact School Performance		
<i>Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on assessments of vision.</i>		
<ul style="list-style-type: none"> • Does the student have a medical history and/or school history of other medical or health-related difficulties causing the student to have difficulty accessing the general education curriculum? 		
<ul style="list-style-type: none"> • Are there school records of other illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum? 		
5. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of vision.</i>		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on vision skills measured? 		
<i>If any of the questions in sections 1-5 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, adaptive, and/or vision scores:</i>		
6. Impairment Specific Considerations		
<ul style="list-style-type: none"> • The vision impairment adversely affects educational performance, even with correction? 		
<ul style="list-style-type: none"> • Are the student's measured skills of vision determined by an ophthalmologist or optometrist? 		

Present Level of Academic Achievement and Functional Performance: