

EDUCATIONAL VISION ASSESSMENTS

EDUCATIONAL VISION ASSESSMENT

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This collection of vision assessments and screeners is for educational use only and is NOT a formal diagnostic tool. It is intended solely as a screener to collect information regarding the educational impacts of a visual impairment previously diagnosed by a qualified Ophthalmologist.

This forms are further not intended for use in quantifying potential benefit of or ascertainment of need for services including Low Vision Therapy, Orientation and Mobility, or Occupational Therapy.

Any educational decisions made using this form should involve a broad educational team as set out by federal, state, and municipal laws as well as Local Educational Authority policy.

Reason for Educational Vision Assessment

☐ Initial referral ☐ 3 year re-evaluation ☐ change in vision

Parent Consent / / Report Complete / / Report / IEP Due / /

Signature _____ Date / /

STUDENT INFORMATION

Student Name	DOB
School	Gender
General Education Teacher	Grade
Special Education Teacher	Setting
Principal	Evaluation Date(s)

MEDICAL INFORMATION

Current Placement	<input type="checkbox"/> General Education	<input type="checkbox"/> GenEd + Resource	<input type="checkbox"/> Special Class	<input type="checkbox"/> Home & Hospital		
Where Services Provided	<input type="checkbox"/> General Education	<input type="checkbox"/> GenEd + Resource	<input type="checkbox"/> Special Class	<input type="checkbox"/> Home & Hospital		
Current Service(s)	<input type="checkbox"/> Vision	<input type="checkbox"/> O&M	<input type="checkbox"/> Hearing	<input type="checkbox"/> SLP	<input type="checkbox"/> OT	<input type="checkbox"/> PT

Medical Diagnoses

Behavioral Diagnoses

Current Therapies

Current Prescriptions

OPHTHALMIC INFORMATION

Ophthalmologist	Practice
Eye Condition	Evaluation Date
Etiology	Ophthalmic History

OPHTHALMIC DIAGNOSIS

Near Acuity	OS	OD	OU	TOOL	EST	<input type="checkbox"/>
Distance Acuity	OS	OD	OU	TOOL	EST	<input type="checkbox"/>
Visual Diagnosis						

Long Term Prognosis ☐ Stable ☐ Guarded ☐ Deteriorating

Treatment Advised

Glasses Prescribed ☐ Yes ☐ No Glasses Tolerated ☐ Yes ☐ No

LOW VISION ASSESSMENT

Low Vision Evaluator

Evaluation Date

Practice

Evaluation Results / Recommendations

Prescribed Vision Aides / Recommendations

EDUCATIONAL ENVIRONMENT SCREENER

Reason for Referral: ☐ Academic ☐ Behavior Behavior Plan: ☐ Yes ☐ No Date: / /

Description of Target Behavior (observable, measurable description):

Observation Date: / / Start Time: End Time:

Setting: ☐ Gen Ed Class ☐ Spec Ed Class ☐ Specialties ☐ PE ☐ Computers

Academic Activity: ☐ Reading ☐ Write ☐ Math ☐ Sci ☐ Interconnections

Staff / Student Ratio: / Paraeducator(s) Present: ☐ Yes ☐ No

Classroom Management: ☐ None ☐ Point System ☐ Level System ☐ Response Cost

Individual Management: ☐ None ☐ Point System ☐ Level System ☐ Response Cost

STUDENT BEHAVIOR

Start Time:

End Time:

Not Following Directions	Talk Out	Out of Seat	Elopement	Inappropriate Vocalizations	Physical Aggression	Property Destruction

Notes:

INSTRUCTIONAL ENVIRONMENT

Start Time:

End Time:

Praise Ratio	Praise Statements	Negative Statements	Ratio (Positive / Negative)
Opportunities to Respond	Group Response	Individual Response	Total OTRs

PEER ENVIRONMENT

Start Time:

End Time:

* = ON task; - = OFF task; T = talking; I = inactive; O = out of seat; P = playing with objects

	0:30	1:00	1:30	2:00	2:30	3:00
Student						
Peer						
	3:30	4:00	4:30	5:00	5:30	6:00
Student						
Peer						
	6:30	7:00	7:30	8:00	8:30	9:00
Student						
Peer						
	9:30	10:00	10:30	11:00	11:30	12:00
Student						
Peer						
	12:30	13:00	13:30	14:00	14:30	15:00
Student						
Peer						

FUNCTIONAL VISION OBSERVATIONS

SETTING

Environment

☐

Familiar

☐

Unfamiliar

Location(s)

Lighting Conditions

Student Positioning

Student Engagement

OBSERVATION

Familiar

Unfamiliar

Outdoors / PE

Notes

VISION OBSERVATIONS

SETTING

Environment

☐

Familiar

☐

Unfamiliar

Location(s)

Lighting Conditions

Student Positioning

Student Engagement

OBSERVATION

Familiar

Unfamiliar

Outdoors / PE

Notes

EDUCATIONAL VISION ASSESSMENT

PART I: FUNCTIONAL VISION ASSESSMENT

VISUAL BEHAVIORS DURING ACADEMIC TASKS

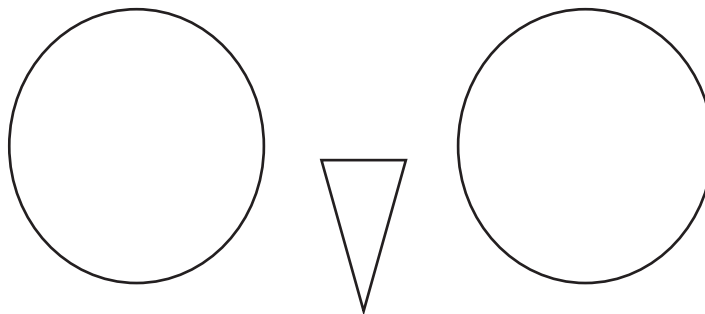
- | | |
|--|--|
| <input type="checkbox"/> lack of eye contact | <input type="checkbox"/> frown or squint when viewing |
| <input type="checkbox"/> cover/close one eye | <input type="checkbox"/> avoids near tasks |
| <input type="checkbox"/> tilts head for near tasks | <input type="checkbox"/> holds materials too close or too far away |
| <input type="checkbox"/> thrusts head forward to see | <input type="checkbox"/> touch things to help recognize them |
| <input type="checkbox"/> tries to "brush away" a blur | <input type="checkbox"/> eye pressing |
| <input type="checkbox"/> rubs eyes or blinks often | <input type="checkbox"/> rocking behavior |
| <input type="checkbox"/> flaps hands in front of eyes | <input type="checkbox"/> bangs head |
| <input type="checkbox"/> looks away when reaching for objects | <input type="checkbox"/> staring at lights |
| <input type="checkbox"/> puts on and remove glasses repetitively | <input type="checkbox"/> other "blindisms" |

EXTERNAL OCULAR STATUS (DIRECT VISUAL OBSERVATION)

- | | | | |
|---|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> abnormal eye size | <input type="checkbox"/> small | <input type="checkbox"/> large | <input type="checkbox"/> pupils different size |
| <input type="checkbox"/> crusty or red eyelids | | | <input type="checkbox"/> excessive tearing or blinking |
| <input type="checkbox"/> red eyes | | | <input type="checkbox"/> eyes turn <input type="checkbox"/> inward <input type="checkbox"/> outward |
| <input type="checkbox"/> watery eyes | | | <input type="checkbox"/> eye asymmetry <input type="checkbox"/> higher <input type="checkbox"/> lower |
| <input type="checkbox"/> discharge or pus | | | <input type="checkbox"/> prosthesis |
| <input type="checkbox"/> jerky eyes | | | <input type="checkbox"/> opaque cornea |
| <input type="checkbox"/> drooping eyelids | | | <input type="checkbox"/> starry reflection off cornea |
| <input type="checkbox"/> unequal pupillary response | | | <input type="checkbox"/> other |
-
- | | | | | | |
|--------------------|--------------------------------|-----------------------------------|---------------------------------------|----------------------------------|-----------------------------|
| Nystagmus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Null Point | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pupillary Response | <input type="checkbox"/> Brisk | <input type="checkbox"/> Sluggish | <input type="checkbox"/> Absent | <input type="checkbox"/> Unequal | |
| Eye Preference | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Inconsistent | | |
| Blink Reflex | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Delayed | | |

EYE ALIGNMENT / RESTING MUSCLE BALANCE

- | | |
|---|---|
| <input type="checkbox"/> Both eyes aligned at all times | <input type="checkbox"/> Individual eye consistently misaligned |
| <input type="checkbox"/> Individual eye misaligned at times | <input type="checkbox"/> Both eyes consistently misaligned |
- Right eye alignment
Left eye alignment



Eccentric Viewing (Describe)

OCULOMOTOR BEHAVIOR/FUNCTION

Material Size

☐ No☐ No

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EDUCATIONAL VISION ASSESSMENT

PART I: FUNCTIONAL VISION ASSESSMENT

SHIFT OF GAZE

☐ Yes ☐ No

☐ Yes ☐ No

VISUAL SCANNING

☐ Yes ☐ No

☐ Yes ☐ No

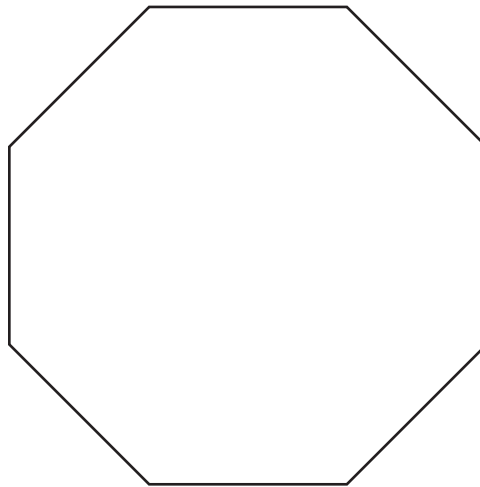
☐ Yes ☐ No

☐ Yes ☐ No

ACUITIES AND VISUAL FIELDS

VISUAL FIELD

Above Student Eye Level



Student Right Side

Student Left Side

Below Student Eye Level

Observations

NEAR VISUAL ACQUITY (MEASURED AT 16 INCHES)

DISTANCE COMPARISON	FONT	ACCURACY	DISTANCE	iPad or Paper	COLOR
	Serif				
	Sans Serif				

DISTANCE COMPARISON	FONT	ACCURACY	DISTANCE	iPad or Paper	COLOR
	Serif				
	Sans Serif				

Current Print Function & Strategies Used

EDUCATIONAL VISION ASSESSMENT

PART I: FUNCTIONAL VISION ASSESSMENT

DISTANCE VISUAL ACUITY (MEASURE AT 10-20 FEET)

OBJECT SIZE ACUITY MEASUREMENTS

Size of Object	2 Feet	4 Feet	6 Feet	8 Feet	20 Feet
1/4 inch	20/200	20/100	20/67	20/50	20/20
1/2 inch	20/400	20/200	20/133	20/100	20/40
3/4 inch	20/600	20/300	20/200	20/150	20/60
1 inch	20/800	20/400	20/267	20/200	20/80

WITHOUT PRESCRIBED LOW VISION DEVICE (GLASSES STILL USED)

DISTANCE COMPARISON	FONT	ACCURACY	DISTANCE	iPad or Paper	COLOR
	Serif				
	Sans Serif				

WITH PRESCRIBED LOW VISION DEVICE

DISTANCE COMPARISON	FONT	ACCURACY	DISTANCE	iPad or Paper	COLOR
	Serif				
	Sans Serif				

Prescribed Magnifier:

Power:

Current Distant Print Function & Strategies Used

EDUCATIONAL VISION ASSESSMENT

PART I: FUNCTIONAL VISION ASSESSMENT

COLOR VISION

Primary Colors ☐ Yes ☐ No

Hues ☐ Yes ☐ No

Secondary Colors ☐ Yes ☐ No

Color Bias ☐ Yes ☐ No

Colors Preferred ☐ Red ☐ Orange ☐ Yellow ☐ Blue ☐ Green ☐ Indigo ☐ Violet ☐ Black ☐ White

CONTRAST

Contrast (Wave Gratings): ☐ 100% ☐ 25% ☐ 10% ☐ 5% ☐ 2.5% ☐ 1% ☐ 0.6%

Preference: ☐ Black on White ☐ White on Black ☐ Custom (describe below)

LIGHTING & GLARE

Preferred Light ☐ Dim lighting ☐ Medium lighting ☐ Bright lighting ☐ Task light only

Tolerates Bright ☐ Yes ☐ No ☐ Squints ☐ Avoids

VISUAL CLUTTER & COMPLEXITY

Near ☐ Yes ☐ No

Distance ☐ Yes ☐ No

DEPTH PERCEPTION

Near ☐ Yes ☐ No

Distance ☐ Yes ☐ No

VISUAL DISCRIMINATION & RECOGNITION

Near ☐ Yes ☐ No

Distance ☐ Yes ☐ No

PECS / AAC ☐ Yes ☐ No

ORIENTATION & MOBILITY

☐ Avoid objects above the waist

☐ Travel independently throughout school

☐ Avoid objects below the waist

☐ Detect surface changes

☐ Avoid door frames / people

☐ Move toward objects within 5 feet +

☐ Locate dropped objects

☐ Use proper guide technique

☐ Locate and access locker/cubby

☐ Uses proper protective technique

☐ Locate rooms by number/name

☐ Uses proper cane technique

☐ Travel independently on stairs

☐ Other

EDUCATIONAL VISION ASSESSMENT

PART I: FUNCTIONAL VISION ASSESSMENT

Student Interests

Overall Notes

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

SUMMARY OF LEARNING MEDIA ASSESSMENT (K&H PAGES 1-3)

COMPONENTS COMPLETED

<input type="checkbox"/> Use of Sensory Channels	Evaluation Date(s) / /
<input type="checkbox"/> General Learning Media Selection	Evaluation Date(s) / /
<input type="checkbox"/> Selection of Literacy Media	Evaluation Date(s) / /
<input type="checkbox"/> Initial Decision	Evaluation Date(s) / /
<input type="checkbox"/> Annual Continuing Assessment - General	Evaluation Date(s) / /
<input type="checkbox"/> Annual Continuing Assessment - Literacy	Evaluation Date(s) / /

PRESENCE OF ADDITIONAL DISABILITIES

<input type="checkbox"/> Motor Impairment
<input type="checkbox"/> Cognitive Disability (SLD)
<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Autism
<input type="checkbox"/> Other Sensory Disability

PREVIOUS RESULTS

Date / /

<input type="checkbox"/> Primary Learning Medium	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Secondary Learning Medium	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile

FINDINGS OF CURRENT LEARNING MEDIA ASSESSMENT

<input type="checkbox"/> Primary Sensory Channel	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Secondary Channel	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> General Learning Media	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Primary Literacy Media	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Secondary Literacy Media	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile

INSTRUCTIONAL IMPLICATIONS

<input type="checkbox"/> Academic/Conventional Literacy Programs	<input type="checkbox"/> PreReader	<input type="checkbox"/> Formal Literacy
<input type="checkbox"/> Functional Literacy Program	<input type="checkbox"/> Functional	<input type="checkbox"/> FA+Academic
<input type="checkbox"/> Other Communication Program	Preparation for Functional Literacy	

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

CURRENT NEAR PRINT FUNCTION

Catalogs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Magazines	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Computer Screen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Maps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Laptop Screen	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Menus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Class Handouts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Newspapers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Clothing Tags	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Phone Book	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Combination Lock	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Recipe	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Flyers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ruler	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Food Box/cans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Textbooks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Game/Concert Tickets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Hardcover Book	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Graphs/Diagrams	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Paperback Book	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

GRADE LEVEL WORD LISTS

GRADE BAND	FONT	SCORING	ERRORS	LEVEL
	Serif			
	Sans Serif			

ORAL READING

GRADE LEVEL	FONT	RATE	MISCUES	COMPREHENSION
	Serif			
	Sans Serif			

Font Preference ☐ Arial ☐ Tahoma ☐ Verdana ☐ Other

Notes

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

WRITING SCRIPT

Working Distance (inches)

Handedness

☐ L ☐ R

Legible

☐ Yes ☐ No

Reads own Handwriting

☐ Yes ☐ No

Math computation

☐ Yes ☐ No

Signature

☐ Yes ☐ No

BRAILLE

Braille Writer

☐ Yes ☐ No

BrailleNote

☐ Yes ☐ No

Slate & Stylus

☐ Yes ☐ No

Signature Guide

☐ Yes ☐ No

DISTANCE PRINT FUNCTIONING

Class Board

☐ Yes ☐ No

Schedule/Calendar

☐ Yes ☐ No

Transfer from board

☐ Yes ☐ No

Room Signs

☐ Yes ☐ No

Active Board

☐ Yes ☐ No

Locker

☐ Yes ☐ No

Exit Signs

☐ Yes ☐ No

Restroom

☐ Yes ☐ No

Anchor Charts

☐ Yes ☐ No

Name on Door

☐ Yes ☐ No

TECHNOLOGY

SMARTBoard

☐ Yes ☐ No

Calculator

☐ Yes ☐ No

Computer Screen

☐ Yes ☐ No

Program Computer

☐ Yes ☐ No

iPad

☐ Yes ☐ No

iPad Mini

☐ Yes ☐ No

Hand Game

☐ Yes ☐ No

iPhone/iPod Touch

☐ Yes ☐ No

TYPING

QWERTY Keyboard Use

☐ Yes ☐ No

Correct Fingering

☐ Yes ☐ No

Home Row

☐ Yes ☐ No

WPM

Accuracy ☐ Yes ☐ No

All Letters

☐ Yes ☐ No

WPM

Accuracy ☐ Yes ☐ No

Simple Sentences

☐ Yes ☐ No

WPM

Accuracy ☐ Yes ☐ No

Symbol Keys

☐ Yes ☐ No

WPM

Accuracy ☐ Yes ☐ No

Number Keys

☐ Yes ☐ No

WPM

Accuracy ☐ Yes ☐ No

Notes

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

USE OF SENSORY CHANNELS (K&H FORM 2)

Activity _____ Setting _____

TSVI Evaluator _____ Evaluation Date(s) / / -- / /

Classroom Behaviors _____ Sensory Channels Used

_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile

Activity _____ Setting _____

Classroom Behaviors _____ Sensory Channels Used

_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile

Primary Channel: ☐ Visual ☐ Auditory ☐ Tactile

Secondary Channel: ☐ Visual ☐ Auditory ☐ Tactile

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

LITERARY TRACK SELECTION (K&H FORMS 4, 9)

<input type="checkbox"/> Listens to and enjoys when others read	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes likenesses and differences in sounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes likenesses and differences in spoken words	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Speaks in connected sentences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes likenesses and differences in familiar objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Tells a story about a recent personal experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Demonstrates interest in pictures/objects from stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Completes sentences in books with repeating patterns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Relates personal experience to elements of stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Acts out or retells stories after listening to them	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Demonstrates interest in scribbling or drawing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Scribble (writes) and "reads" back the message	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Attempts to write their own name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Associates signs in home and community to self	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Says the alphabet with fair accuracy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes likenesses/differences between words in print	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes likenesses/differences between words in braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Recognizes name of simple words in print or braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity

Notes

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

USE OF SENSORY INFORMATION (K&H FORM 5, 10)

<input type="checkbox"/> Recognition of Others	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Initiation of reaching response	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Exploration of toy or object	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Discrimination of likeness and difference in objects	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Identification of objects	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Confirmation of object identification	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Use of visual motor/fine motor skills	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Interest in pictures	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Interest in books	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Interest in scribbling/writing	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile
<input type="checkbox"/> Identification of names/simple words	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Tactile

WORKING DISTANCES AND SIZE PREFERENCES

<input type="checkbox"/> Accurate VISUAL identification of objects	Object Size: _____
	Distance: _____
<input type="checkbox"/> Accurate TACTILE identification of objects	Object Size: _____
	<input type="checkbox"/> Fingers <input type="checkbox"/> Toes <input type="checkbox"/> Face <input type="checkbox"/> Voices <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Sounds <input type="checkbox"/> Noise <input type="checkbox"/> Vehicles <input type="checkbox"/> Soft <input type="checkbox"/> Med <input type="checkbox"/> Loud
<input type="checkbox"/> Accurate AUDITORY identification of objects	

CLASSROOM WORKING DISTANCES

<input type="checkbox"/> Classroom Walls (Clandar, SMART Board)	<input type="checkbox"/> Near	<input type="checkbox"/> Distance	<input type="checkbox"/> None
<input type="checkbox"/> Reading/Looking at pictures	<input type="checkbox"/> Near	<input type="checkbox"/> Distance	<input type="checkbox"/> None
<input type="checkbox"/> Using technology (Computer, iPad, ...)	<input type="checkbox"/> Near	<input type="checkbox"/> Distance	<input type="checkbox"/> None
<input type="checkbox"/> Writing/drawing/coloring	<input type="checkbox"/> Near	<input type="checkbox"/> Distance	<input type="checkbox"/> None

Notes _____

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

CONTINUING ASSESSMENT OF LITERACY MEDIUM (K&H FORM 6)

READING EFFICIENCY (IN CURRENT LITERACY MEDIUM)

☐ Current Grade Placement

RESULTS OF INFORMAL READING INVENTORY

<input type="checkbox"/> Independent Level (>90% Comprehension)	Grade	Rate
<input type="checkbox"/> Instructional level (75-90% Comprehension)	Grade	Rate
<input type="checkbox"/> Remedial Level (50-75% Comprehension)	Grade	Rate
<input type="checkbox"/> Frustration Level (<50% Comprehension)	Grade	Rate

READING OF GRADE LEVEL CONTENT MATERIALS

Science	Grade	Rate
Social Studies	Grade	Rate
Math (Math Reasoning)	Grade	Rate

SUMMARY

<input type="checkbox"/> Does student read with adequate comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Does student read with sufficient rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Do the above indicate student success	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging

ACADEMIC ACHIEVEMENT

<input type="checkbox"/> Can accomplish academic tasks in current media	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Are time requirements reasonable v sighted peers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging

HANDWRITING

<input type="checkbox"/> Can student read their own handwriting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Is handwriting a viable mode of communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging

LITERACY TOOLS

<input type="checkbox"/> Repertoire of literary tools to meet current needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Skills with technology to meet current needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Repertoire of literary tools to meet future goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Skills with technology to meet current goals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

LITERACY TOOLS INVENTORY (K&H FORM 7)

VISUAL

- ☐ Regular Print
- ☐ Enlarged Print ☐ XL
- ☐ Regular Paper
- ☐ Bold Line Paper
- ☐ Print Supplement Braille
- ☐ Low Vision Device

AUDITORY

- ☐ Recorded Books/DAISY
- ☐ Leisure Books
- ☐ Textbooks
- ☐ Reference Books
- ☐ Live Reader
- ☐ Radio Recording Service
- ☐ Recorder for Notes

TACTUAL

- ☐ Braille Materials
- ☐ Braille Writer
- ☐ Slate and Stylus
- ☐ Signature Guide
- ☐ Paper Line Guide
- ☐ Braille Supplement Print

-
- ☐ Regular Computer Monitor
 - ☐ Large Computer Monitor
 - ☐ Enlarged Print on Screen
 - ☐ Inkprint Printer
 - ☐ Keyboarding Skills

-
- ☐ Synthesized Speech

-
- ☐ Electronic Braille Notetaker
 - ☐ Cassette Braille Device
 - ☐ Braille Remote Terminal
 - ☐ Braille Embosser
 - ☐ Optacon

-
- ☐ Word Processing
 - ☐ Spreadsheets
 - ☐ Databases
 - ☐ Presentation
 - ☐ Telecommunications

-
- ☐ Word Processing
 - ☐ Spreadsheets
 - ☐ Databases
 - ☐ Presentation
 - ☐ Telecommunications
 - ☐ Screen Reader

-
- ☐ Word Processing
 - ☐ Spreadsheets
 - ☐ Databases
 - ☐ Presentation
 - ☐ Telecommunications

EDUCATIONAL VISION ASSESSMENT

PART 2: LEARNING MEDIA ASSESSMENT

READINESS FOR FUNCTIONAL LITERACY PROGRAM (K&H FORM 9)

<input type="checkbox"/> Attends to and responds when others read	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Anticipates activities and events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Differentiates sounds, words, signs, gestures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Attaches meaning to sound, words, signs, gestures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Differentiates objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Demonstrates an association of objects with stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Identifies objects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Associates signs/objects with life events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Chooses independently to examine books	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Notes similarity and differences in words	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Follows simple 2-3 step directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Generalization of directional concepts/prepositions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Generalizes sequencing objects, activities, events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Generalizes primitive symbolic communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Generalizes abstract symbolic communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Initiates interactive communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Recognizes words in braille or print have meaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity
<input type="checkbox"/> Recognizes name in print or braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opportunity

FUNCTIONAL LITERACY FACTORS (K&H FORM II)

<input type="checkbox"/> Able to complete functional tasks in current medium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Would additional tools increase independence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Additional/new functional requirements in program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> New functional literacy skills required for daily living	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> New functional literacy skills required for vocation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Can student generalize functional words and symbols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging
<input type="checkbox"/> Student would benefit from conventional literacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Emerging

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

TSVI Evaluator

Evaluation Date(s) / / -- / /

TOTALS	EVALUATION 1 (RED)	EVALUATION 2 (BLUE)	EVALUATION 3 (GREEN)
RATING 1			
RATING 2			
OVERALL			

0 1 2 3 4 5 6 7 8 9 10
No functional vision Near typical vision

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

RATING I

Rate the following statements as related to the student/child's visual behaviors by marking the appropriate column to indicate the methods used to support the scores:

- O Information obtained through observation of the child/student
- I Information obtained through interview regarding the child/student
- D Information obtained through direct contact with the child/student

In the remaining columns, indicate the assessed degree of the CVI characteristic:

- R The statement represents a resolved visual behavior
- + Describes current functioning of student/child
- +/- Partially describes student/child
- - Does not apply to student/child

	O	I	D	R	+	/	-	
CVI RANGE 1-2: MINIMAL VISUAL RESPONSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Localize, but no appropriate fixation on objects or faces
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Consistently attentive to lights or perhaps ceiling fans
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prolonged periods of latency in visual tasks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Responds only in strictly controlled environments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Objects viewed are a single color
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Objects viewed movement, shiny or reflective
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visually attends in near space only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No blink in response to touch or visual threat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No regard of the human face

	O	I	D	R	+	/	-	
CVI RANGE 3-4: MORE CONSISTENT VISUAL RESPONSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visually fixates when the environment is controlled
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Less attracted to lights: can be redirected
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Latency slightly decreases after consistent viewing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Look at novel objects if chars similar to of familiar
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blink responses may be latent and/or inconsistent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shows strong visual field preferences
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> May notice moving objects at 2 to 3 feet
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Look and touch completed as separate events

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

RATING I

CVI RANGE 5-6: USES VISION FOR FUNCTIONAL TASKS	O	I	D	R	+	/	-	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Light is no longer a distractor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Latency only when tired, stressed, or overstimulated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Movement important factor for visual attention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student tolerates low levels of background noise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blink response to touch is consistently present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blink response intermittently present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual attention extends up to 4 to 6 feet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Regard familiar faces when voice does not compete

CVI RANGE 7-8: DEMONSTRATES VISUAL CURIOSITY	O	I	D	R	+	/	-	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Auditory stimuli tolerated during viewing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Blink response to visual threat consistently present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Latency rarely present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual attention to 10 feet if targets move
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Movement not required for attention at near distance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smiles at/regards familiar and new faces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> May enjoy regarding self in mirror
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High-contrast colors and/or familiar patterns regarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Simple books, picture cards, or symbols regarded

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

RATING I

CVI RANGE 9-10: SPONTANEOUSLY USES VISION				O	I	D	R	+	/	-	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Selection of toys or objects not restricted
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Very complex environments affect visual response
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Latency resolved
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No color or pattern preference
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual attention extends beyond 20 feet
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Views books or other 2D materials, simple images
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Uses vision to imitate actions
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates memory of visual events
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Displays typical visual-social responses
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Visual fields unrestricted
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Look and reach completed as a single action
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Attends to 2D images on complex backgrounds

Notes

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

RATING 2

Determine the level of CVI present or resolved in the 10 categories below and add to obtain total score. Rate the following CVI categories as related to the student/child's visual behaviors by circling the appropriate number (the CVI Resolution Chart may be useful as a scoring guide):

- 0 Not resolved; usually or always a factor affecting visual function
- .25 Resolving
- .5 Resolving; sometimes a factor affecting visual functioning
- .75 Resolving
- 1 Resolved; not a factor affecting visual functioning

0	.25	.5	.75	1	DOMAIN	NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Color Preference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Need for movement	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual latency	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual field preference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with visual complexities	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light-gazing and nonpurposeful gaze	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with distance viewing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atypical visual reflexes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with visual novelty	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absence of visually guided reach	

Notes

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

CVI RESOLUTION CHART

	Phase 1		Phase 2		Phase 3
	Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.5)	Range 6-7 (.75)	Range 8-9 (1)
Color Preference	Objects viewed are generally single color	Has "favorite" color	Objects may have 2- 3 colors	More colors, familiar patterns regarded	No color or pattern preference
Need for movement	Objects viewed generally have movement/ reflective properties	More consistent localization, brief fixations on movement & reflective materials	Movement continues to be an important factor to initiate visual attention	Movement not required for attention at near	Typical responses to moving targets
Visual latency	Prolonged periods of visual latency	Latency slightly decreases after periods of consistent viewing	Latency present only when student is tired, stressed, or over stimulated	Latency rarely present	Latency resolved
Visual field preference	Distinct field dependency	Shows visual field preferences	Field preferences decreasing with familiar inputs	May alternate use of right and left fields	Visual fields unrestricted

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

CVI RESOLUTION CHART

	Phase 1		Phase 2		Phase 3
	Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.5)	Range 6-7 (.75)	Range 8-9 (1)
Difficulty with visual complexities	Responds only in strictly controlled environments	Visually fixates when environment is controlled	Student tolerates low levels of familiar background noise Regards familiar faces when voice does not compete	Competing auditory stimuli tolerated during periods of viewing - student may now maintain visual attention on music toys Views simple books/symbols Smiles at/regards familiar and new faces	Only the most complex visual environments affect visual response Views books or other 2-dimensional materials Typical visual-social responses
Light-gazing and nonpurposeful gaze	May localize briefly but no prolonged fixations on objects or faces Overly attentive to lights or perhaps ceiling fans	Less attracted to lights - can be redirected to other targets	Light is no longer a distractor	Light is no longer a distractor	Light is no longer a distractor

EDUCATIONAL VISION ASSESSMENT

PART 3: CVI RANGE

CVI RESOLUTION CHART

	Phase 1		Phase 2		Phase 3
	Range 1-2 (0)	Range 3-4 (.25)	Range 5-6 (.5)	Range 6-7 (.75)	Range 8-9 (1)
Difficulty with distance viewing	Visually attends in near space only	Occasional visual attention on familiar, moving or large targets at 2-3 feet	Visual attention extends beyond near space, up to 4-6 feet	Visual attention extends to 10 feet with targets that produce movement	Visual attention extends beyond 20 feet Demonstrates memory of visual events
Atypical visual reflexes	No blink in response to touch and/or visual threat	Blinks in response to touch but response may be latent	Blink response to touch consistently present Visual threat response intermittently present	Visual threat response consistently present (both near 90% resolved)	Visual reflexes always present, resolved
Difficulty with visual novelty	Only favorite or known objects solicit visual attention	May tolerate novel objects if the novel objects share characteristics of familiar objects	Use of "known" objects to initiate looking sequence	Selection of objects less restricted, requires 1-2 sessions of "warm up" time	Selection of objects not restricted
Absence of visually guided reach	Absence of visually Look & touch occur as separate functions Large &/or moving targets	Look & touch on smaller objects that are familiar, lighted, or reflective Look and touch are still separate	Visually guided reach with familiar objects or "favorite" color	Look and touch occur in rapid sequence but not always together	Look and touch consistently

EDUCATIONAL VISION ASSESSMENT

PART 3: NEUROLOGICAL VISUAL IMPAIRMENT SCREENER

VISUAL ATTITUDE

- | | | | |
|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Absent eye contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Cannot focus on persons or objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Tilts head to look at objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Often stares at light sources or ceiling fans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Falls frequently over clearly visible objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Does not find toy when he drops it | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Bumps easily into things | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Pays attention only to objects in the center of his visual field | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Cannot keep looking at objects or persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Attention is fluctuating from moment to moment/day to day | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Abandons play activity quickly | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Needs more time than expected to look at an object | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Does not spontaneously look at objects or explore rooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Needs encouragement to look at an object or explore room | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> More toys perturb visual attention versus fewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Objects are looked at from a short distance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Sits right in front of the television/computer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |

INFLUENCE OF FAMILIAR ENVIRONMENT

- | | | | |
|--|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Scared or restless in unfamiliar environment (shop, street) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Does not find parents when they stand further away | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Clings to parents in an unfamiliar environment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |

OTHER SENSES

- | | | | |
|--|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Reacts faster to sound than vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Manipulates an object rather than looking at it | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |
| <input type="checkbox"/> Always puts objects, toys in mouth | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Opportunity |

EDUCATIONAL VISION ASSESSMENT

PART 3: NEUROLOGICAL VISUAL IMPAIRMENT SCREENER

VENTRAL STREAM

- ☐ Does not recognize everyday objects
- ☐ Recognizes familiar objects only when drawn in color
- ☐ Recognizes persons by voice and position rather than face
- ☐ Does not understand facial expressions
- ☐ Does not find way to classroom or room in house

- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity

DORSAL STREAM

- ☐ Does not see level differences (e.g., stairs)
- ☐ Cannot take jar from table without difficulty
- ☐ Looks away when removing item from table
- ☐ Has no interest for simple pictures
- ☐ Has no interest in complex pictures
- ☐ Looks only at details of a picture
- ☐ Cannot find preferred items among clutter
- ☐ Cannot locate jar on a table
- ☐ Does not find/recognize familiar person in a crowd
- ☐ Cannot estimate distances

- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity

ASSOCIATED CHARACTERISTICS

- ☐ Cannot play memory games
- ☐ Stops activity when there is too much to look at
- ☐ Is generally anxious
- ☐ Does not do his best for tasks requiring careful looking
- ☐ "Do they not want to look at things or are they not able to?"
- ☐ Tries to compensate by talking a lot

- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity

COMPLEX PROBLEMS

- ☐ Clumsy in cutting, stacking items, tying shoes, puzzles
- ☐ A moving object/person attracts more attention than stationary

- ☐ Yes ☐ No ☐ No Opportunity
- ☐ Yes ☐ No ☐ No Opportunity

EDUCATIONAL VISION ASSESSMENT

PARENT / CAREGIVER INTERVIEW

MEDICAL INFORMATION

- What is your understanding of your child's visual impairment?
- Does your child have a seizure history?
- Is your child taking any medication?

VISUAL RESPONSE

- If your child has been prescribed glasses, does your child wear them?
- If your child has been prescribed low vision devices, does he use them?
- What kinds of things does your child appear to see?
 - Your face
 - Favorite toys
 - An object or action during a favorite game
 - Food or drink
 - An adult moving across the room
 - TV, windows, lights off or on
- What is the smallest object you've seen your child try to pick up?
- Do you notice your child bringing things closer to look at them?
- How close does your child generally hold small objects?
- What kind of things does your child appear not to see, or have difficulty seeing?
- What does your child say or do that tells you he's having trouble seeing?
- Are there times your child sees better than others?
- If your child has been diagnosed as being blind, do you think that he/she sees?
- Do you feel that some areas of your child's visual field are better than others?
- Does your child experience visual fatigue?

EDUCATIONAL VISION ASSESSMENT

PARENT / CAREGIVER INTERVIEW

RESPONSE TO LIGHTING

- What kind of lighting is best for your child?
- Is your child sensitive to bright lights?
- Does glare from shiny surfaces bother your child?

DURING ACTIVITIES OF DAILY LIVING

- How does your child use his vision during mealtimes?
- Does your child have trouble finding food or knowing what's on their plate?

DURING SOCIAL INTERACTIONS

- How does your child use his vision to interact with adult and siblings/peers?

DURING PLAY & LEISURE

- Does your child like to play computer or video games?
- Does your child like to look at or read books?
- What size pictures and font do they enjoy reading/looking at?

MOBILITY & TRAVEL

- Does your child ever have problems getting around in the dark?
- Does your child have problems with bright light?
- How does your child adjust to different lighting?
- Does your child have trouble getting around in unfamiliar environments?
- Does your child have trouble traveling independently outdoors?
- How does your child use his vision to move through the home?
- How does your child use his vision to move through the yard/playground?
- How does your child use his vision to move on steps/curbs?

EDUCATIONAL VISION ASSESSMENT

CLASSROOM TEACHER INTERVIEW

- What are the student's strengths in your class?
- What is the student's quality of work?
- Does the student require extra time to complete assignments?
- Is the student's work commensurate with peers?
- Does the student wear glasses (if prescribed)?
- Does the student use low vision device(s) for near or distance viewing?
- Is the student sensitive to bright lights or glare?
- What accommodations or tools is the student using?
- How is the student doing socially/emotionally in your class?
- What is the student's grade in your class? If he/she has some failing grades, please include what is causing the student to earn the grade. (i.e., not turning in homework, not studying, poor attendance, etc.)
- What does the student appear to have difficulty seeing in your class or in the school setting:

EDUCATIONAL VISION ASSESSMENT

SPECIAL PROGRAM TEACHER INTERVIEW

- What are the student's strengths in your class?
- What are the student's weaknesses in your class?
- Does the student have difficulty attending? If so, what strategies help?
- Is the student verbal? If not, what augmentative communication device or system is used?
- What time of the day is the student most alert?
- Does the student use positioning equipment?
- What are the student's preferred activities?
- What are the student's least preferred activities?
- Is the student able to perform activities of daily living at a level equal to same age peers?
- How is the student doing socially/emotionally in your class?
- Does the student appear able to see? Yes No Please explain.
- How does the student function visually in your class?
- Does the student have difficulty traveling throughout the school? Yes No Please explain.

EDUCATIONAL VISION ASSESSMENT

STUDENT INTERVIEW

KNOWLEDGE OF VISUAL IMPAIRMENT

- What can you tell me about your visual impairment?
- What do you have a hard time seeing?
- Have you been prescribed glasses? Do you wear them? If not, why?

SCHOOL ACTIVITIES

- What do you like about school?
- Do you have any difficulty getting around the school campus?
- What do some teachers do that make learning/seeing easier?
- What strategies help you to see better?
- Have you been prescribed low vision devices? Do you use them? If so, for what?
- Are you able to see your textbooks? If not, what do you have a difficult time seeing?
- Are you able to see your handouts? If not, have you found anything helps you see them better?
- Are you able to see information presented on the board? What strategies do you use to see it?
- Are you able to see information during school assemblies? Ball games? If not, what do you do?
- What school activities are you involved in?
- Clubs?
- Sports?

LEISURE ACTIVITIES

- Do you have any hobbies? If so, what?
- How do you like to spend your evenings and weekends?
- How are you able to see labels and tags when you go shopping? What strategies do you use?
- Are you able to read menus at restaurants? What strategies do you use?
- Are you able to read fast food signs? What strategies do you use?

OTHER

- What else can you tell me about your visual impairment?

EDUCATIONAL VISION ASSESSMENT

ASSESSMENT REFERENCES

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