



ELIGIBILITY WORKSHEET – VISUAL IMPAIRMENT (including Blindness)

Student:	Student UID#:	DOB:
School:	Grade:	Age:

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Evaluat	tions/Screening
	Hearing Screening	Pass Fail	dBHz
		Comment:	
	Parent Conference(s)		
	Social/Developmental		
	History		
	Educational Evaluation		
	Educational Evaluation		
	Ophthalmological/Optometric		
	Evaluation		
For prescho	ol children:		
1 of prescrio	Observation across settings		
	to include:		
	 Observation of physical, 		
	behavioral, and		
	environmental		
	characteristics;		
	Shutting or covering one Shutting boad or thrusting		
	eye, tilting head or thrusting		

C: EC File, Parent/Guardian

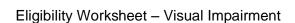
Student UID#:	



Eligibility Worksheet – Visual Impairment head forward, squinting eyelids together; Difficulty with work requiring vision;
 Avoidance of near work task or irritation when required to do near work; o Inability to see distant objects; Difficulty with navigation; and Eye appearance (e.g. crossed eyes, nystagmus) Other: For school age children: Observation across settings to assess academic and functional skills Functional Vision Assessment Braille Skills Inventory and/or Media Assessment Other:

C: EC	File,	Parent/	Guardian
-------	-------	---------	----------

Student UID#:	





As a result of the required screenings, evaluations and review of existing information, what do we now know about the student? **Strengths** Needs What is the adverse effect on educational performance? What evidence exists that the student requires specially designed instruction? After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report) C: EC File, Parent/Guardian Student UID#: _____