



**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 Evaluations/Screening
	Hearing Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail _____dB _____Hz Comment: _____
	Parent Conference(s)	
	Social/Developmental History	
	Educational Evaluation	
	Ophthalmological/Optometric Evaluation	
For preschool children:		
	Observation across settings to include: <ul style="list-style-type: none"> ○ Observation of physical, behavioral, and environmental characteristics; ○ Shutting or covering one eye, tilting head or thrusting 	



Eligibility Worksheet – Visual Impairment

	<p>head forward, squinting eyelids together;</p> <ul style="list-style-type: none"> ○ Difficulty with work requiring vision; ○ Avoidance of near work task or irritation when required to do near work; ○ Inability to see distant objects; ○ Difficulty with navigation; and ○ Eye appearance (e.g. crossed eyes, nystagmus) 	
	<p>Other:</p>	
<p>For school age children:</p>		
	<p>Observation across settings to assess academic and functional skills</p>	
	<p>Functional Vision Assessment</p>	
	<p>Braille Skills Inventory and/or Media Assessment</p>	
	<p>Other:</p>	



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)