

Student Name: \_\_\_\_\_ Report Date: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Building: \_\_\_\_\_  
 School District: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**PURPOSE**

This form will be used by the Evaluation Team to recommend: (Choose one)

- Initial eligibility** for special education.  
(Behind this page attach a copy of all referenced documents and a copy of the Consent for Initial Evaluation)
- Redetermination of eligibility** for special education.  
(Behind this page attach a copy of all referenced documents and the REED)

**EVALUATION SUMMARY**

**Include enough detail to determine a starting point for instruction**

Area of Evaluation	Data Source	Performance Level	Name/Date of Attached Report/Document
• Comprehensive Vision Evaluation			
• Educational Performance			
• Medical Information			
• TCVI Assessment			
• Achievement Level			
• Information from Parents			

**DIAGNOSTIC ASSURANCE AND DOCUMENTATION**

\*Ophthalmologist/Optomtrist statement received  No  Yes, Date \_\_\_\_\_

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

- This student manifests the following characteristics:
  - A visual impairment that interferes with development or adversely affects educational performance even with correction  Yes  No
  - A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction  Yes  No
  - A peripheral field of vision restricted to not more than 20 degrees  Yes  No
  - A diagnosed progressively deteriorating eye condition  Yes  No
- This student requires special education programs/services.
  1. Does the student have a visual acuity of 20/200 or less after routine refractive correction?  Yes  No
  2. Does the student have a peripheral field of vision restricted to not more than 20 degrees?  Yes  No

**NOTE:** If either #1 or #2 (above) is checked "yes", the orientation and mobility specialist shall also include in the report a set of recommended procedures to be used by a mobility specialist, or a teacher of students with visual impairment, in conducting orientation and mobility activities  Report Attached

**EXCLUSIONARY CONSIDERATIONS**

- Was the determinant factor for eligibility a result of:
  - Lack of instruction in reading and math?  Yes  No
  - Limited English proficiency?  Yes  No

**ELIGIBILITY RECOMMENDATION**

The Evaluation Team 1) finds all of the diagnostic assurance statements to be true and 2) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the Visual Impairment Rule (R340.1708).  Yes  No

**PARTICIPANT SIGNATURES**

As a member of the Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below. Attach more complete statement if an Evaluation Team member checks no).*

	Yes	No		Yes	No
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Role _____	<input type="checkbox"/>	<input type="checkbox"/>