

**SECTION III – EVALUATION REVIEW**

Student Name : \_\_\_\_\_

**VISUAL IMPAIRMENT INFORMATION**

Areas	Date	Sources	Information and/or Present Levels of Performance	Test
<b>EYE CONDITION</b>			Condition Stable: <input type="checkbox"/> Y <input type="checkbox"/> N	
Most Recent Exam				
Visual Acuity			without: OD _____ OS _____ Prescription: with: OD _____ OS _____	<input type="checkbox"/> Y <input type="checkbox"/> N
Field of Vision				<input type="checkbox"/> Y <input type="checkbox"/> N
<b>LOW VISION</b>			Results:	<input type="checkbox"/> Y <input type="checkbox"/> N
Evaluation/Devices			List:	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>FVMA</b>				
Parent Concerns				
Teacher Concerns				
Student Concerns				
Classroom Observations				
Visual Functions				
Learning Media Reading Mode(s)			Reading Level: _____ Reading Speed: _____ Comprehension: _____	
Educational Implications				
Upcoming Transitions				
<b>ECC EVALUATION</b>				
Orientation and Mobility				
Social & Behavior				
Visual Efficiency				
Independent Living				
Recreation & Leisure				
Career Education				
Assistive Technology				
Compensatory Skills				

Based on current classroom performance, parental information, and teacher observations, \_\_\_\_\_'s

- Yes No Educational performance is not consistent with previous assessment results.
- Yes No **Significant** changes have been documented in the student's environment, overall adjustment and educational profile.
- Yes No Review of previous vision evaluations indicates consistent and valid results.
- Yes No Additional comprehensive data would not prove relevant to the issues of continued eligibility, programming and instruction.

Comments:

\_\_\_\_\_  
Signature – Teacher of Student with Visual Impairment

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Date