

Clarifying the Different Roles and Training of Teachers of the Visually Impaired (TVI) and Certified Optometric Vision Therapists (COVT) and Why their Roles are not Interchangeable

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TVIs provide educational services to a wide range of children of varying ages and abilities with low vision or blindness. These children have medically diagnosed eye conditions that impact learning. The visual loss may impact a child's learning across a range of subject and developmental areas including the core and expanded core curricula (Koenig & Holbrook, 2000). TVIs conduct informal and formal assessments to determine the extent of services that they will provide in the curricula and developmental areas due to the impact of the visual loss on learning.

In Arizona, teachers of students with visual impairments (TVIs) are getting referrals of children who do not qualify for their services in the settings where they provide services. The reason for the referrals is that there is confusion about who TVIs serve and what they do; and how these roles and responsibilities differ from those of other professionals who provide different training and services to another group of children. TVIs are prepared in university programs to work with children who have a medically diagnosed eye condition, e.g., who have low vision, and the low vision impacts learning in one or more of the developmental and expanded core curricula areas such as communication or social skills, transition, career education, recreation and leisure skills, visual efficiency skills used in school, the home, or community, self-determination, and activities of daily living.

Other professionals, e.g., certified optometric vision therapists (COVTs), are trained to work with children for whom non-surgical treatment might be an option to improve the ability of eyes to work together in a medical setting. Most, if not all, of these children would not typically be seen on a TVIs caseload. Vision therapy techniques include a progressive program of vision "exercises" or procedures performed under COTV supervision, conducted in-office, in once or twice weekly sessions of varying length. Unlike TVIs, COVTs also prescribe and work with corrective lenses and regulated medical devices such as therapeutic lenses prism lenses, optical filters; eye patches or occluders electronic targets with timing mechanisms; computer software; vestibular (balance) equipment and visual-motor-sensory integration training devices.

The purpose of this position paper is to clearly define the training, role and responsibilities of the two very different professions, TVI and COVT, and the population of children served by each profession. This paper is meant to provide clarification to parents, administrators, and other professionals to reduce the confusion about who is eligible for TVI services.

The following points clarify what TVIs and COVTs do and who they are trained to serve

1. Who is the learner with vision impairment in AZ?

Pursuant to the IDEA 2004, A.R.S. § 15-761 and § 15-766:

- Loss of visual acuity or visual field that, even with best correction, adversely affects performance in the educational environment. The terms includes both "partial sight" (e.g. low vision) and blindness.
- Loss interferes with the child's performance in the educational environment and requires the provision of special education and related services
- Verification by an eye care professional (ophthalmologist or optometrist)
- The student was evaluated in all areas related to the suspected disability.

**Vision therapy patients rarely meet criteria for VI determination

2. Who serves learners who have a visual impairment in AZ?

- A teacher certified in AZ to teach children (TVI), 0 – 22 years old, with visual impairment (with a bachelor's or master's degree; 27-30 credit hours of coursework specific to visual impairment, including a 360 hour internship, 1 ½ - 2 years). *Like other universities that prepare teachers to work with students who are low vision or blind, The University of Arizona teacher preparation program in the visual specialization area does not train teachers of students with visual impairments in methods of optometric vision therapy.*
- According to Part C regulations of IDEA (2007), Teachers of children with visual impairments (TVIs) are examples of special educators who are "qualified personnel" to provide services to infants and toddlers with visual impairment. Vision specialists, including optometrists and ophthalmologists can perform diagnostic services which are counted as early intervention services according to federal guidelines.

3. What is TVI's role with respect to interpreting the eye report and assessment of functional vision and learning media, methods and materials?

- Interpreting the required medical eye report of all of the children's eye conditions, conduct a functional vision assessment (FVA) to understand how a student/child uses vision under certain conditions and in different environments; conduct a learning media assessment (LMA) to determine primary and secondary literacy media (print, braille, auditory) and learning methods and materials.
- Providing vision specific assessment within daily routines and activities, including those within the family and community (early childhood).
- Optimizing visual skills as appropriate, in cooperation with other vision professionals such as the ophthalmologist or optometrist.
- Translating FVA/LMA results into educational instruction and adaptations of use of vision in the educational and natural setting and selection of literacy media, methods and materials.

4. What is Optometric Vision Therapy?

- Medical treatment for visual conditions which include: strabismic and non-strabismic binocular dysfunctions, amblyopia, accommodative dysfunctions, ocular motor dysfunctions, visual motor disorders and visual perceptual disorders
- A progressive program of vision “exercises” or procedures
- Performed in the office of the developmental or behavioral optometrist under doctor’s supervision
- Supervised by optometric vision care professionals utilizing many types of specialized and/or medical equipment
- Prescribed individualized treatment regimen
- Systematic use of lenses, prisms, filters, and or occlusion to achieve desired visual outcomes
- Also known and referred to as developmental vision therapy, behavioral vision therapy and ortho-optic vision therapy

5. Who may conduct optometric vision therapy?

- Certified Optometric Vision Therapist (COVT) – Documentation of 2000 hours or 2 years of direct clinical experience in vision therapy or holds an AA degree or higher with emphasis in the behavioral sciences
- Successful completion or written examination and oral interview evaluating knowledge and clinical abilities in behavioral vision, vision development and vision therapy

Summary of comparison of professionals and their roles

TVI (teacher of the visually impaired)	TVI roles	COVT(certified optometric vision therapist)	COVT roles
Bachelor’s or Master’s degree with additional vision specific coursework (27-30 credits hours including a 360 hour internship with children who have low vision or who are blind	Conduct FVAs and LMAs, provide instruction in the use of visual skills and adaptations in school and other natural environments	AA or higher degree with 2000 hours / 2 years clinical experience in vision therapy	Provides progressive program of vision exercises in an office setting with specialized equipment, including the use of lenses, prisms, filters and/or occlusion

6. What should a school district or parent do if the child doesn't qualify for specialized instruction from the TVI - teacher of children who are low vision or blind in an AZ school? (I think it might be confusing to start using the term "teacher of children who are low vision or blind" – I would stick with TVI since that term was used previously)

- If a child doesn't meet the criteria for specialized instruction from a teacher of the visually impaired TVI, but there are still some unmet educational needs specifically pertaining to literacy, other specialists such as a professional in learning disabilities or reading specialist can be invited to participate in a team meeting.
- If the child does not qualify for instruction from a learning disability or reading specialist, there are other options to consider, e.g.,
 - If the child has an Individualized Education Plan (IEP), the certified optometric vision therapist (COVT) can suggest additional classroom accommodations.
 - If the child does not have an IEP and has medical documentation of a disability, the child's educational team including general education teacher, parent, child, or school counselor can develop a 504 plan for classroom accommodations. See the appendix for a sample.

Appendix

Issue: QM has trouble fixating on a near task and then shifting and fixating for a distance task. This requires extra concentration as she attempts to get information into focus upon shifting her gaze.

QM's team was her mother, the school counselor, and the general education teacher. Here are the suggestions for the 504 Classroom Accommodations for QM for 3rd grade (2012-2013 school year)

Possible Accommodations:

- Choose one visual mode for Q during instruction (whiteboard OR desk/worksheet)
- If a lesson on the whiteboard has a lot of back-and-forth, slow the pace of verbal information to accommodate increased visual processing time.
- Provide pointing cues on a whiteboard to help Q locate her "place" as her eyes bring the information from the board into focus. Similarly, have a peer or "helper" give a pointing cue on a worksheet to help Q locate her place when scanning from the board back to her desk work.
- Provide copies of notes for longer/more complex board-copying tasks (for Q to copy later as homework)
- For copying tasks, provide whiteboard information on a separate piece of paper at the desk so Q is scanning near-to-near instead of far-to-near when copying information.

Issue: Q has difficulty using both eyes together (most students can use two eyes as if they were one), making it difficult to locate information, sustain visual attention, make judgments about space, and have efficient hand-eye coordination for paper-pencil tasks.

Possible Accommodations:

- Break up "busy" worksheets into sections by covering portions of the paper
- Verbally/Visually cue Q to scan a worksheet/quiz/test first, so she can see the sequence of questions/problems and whether she needs to complete it top-down or left-to-right.
- Reduce visual distractions in classroom (offer study carol if needed) for sustained writing tasks.
- Provide pacing for long writing assignments with a focus on quality, not quantity (We are happy to finish an assignment at home if it cannot be completed in the allotted time frame in class)
- Allow modified lined paper that provides visual cues for spacing, margins, and uniform lettering.

- When completing un-lined assignments (e.g. Venn diagrams, speech bubbles, calendars, graphs, small answer boxes, etc.), modify space/size of answer blanks or provide highlighted spaces to show where written or graphic information can fit.
- Allow “visual breaks” if there is noticeable fatigue (lying on desk, rubbing eyes); consider offering an auditory assignment that has the same goal/outcome.
- Provide reminders regarding pencil grip and posture during writing tasks.

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