Functional Vision Evaluation

Student's Name: ________________________________ DOB: ______ Sex: M / F
School: ________________________________________ Grade: ______
Teacher(s): ____________________________________ TVI Evaluator: ________________ Dates of Evaluation: ________________

BACKGROUND/MEDICAL INFORMATION:
Current classroom placement or area student receives services__________________________________________

Ophthalmologist/Optometrist: __________________________ Date of visit: ________________
Practice: __________________________________________

Eye Condition, Etiology, History, and Description: ______________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
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Estimated Distance Acuity: __________ OS __________ OD __________ OU
Estimated Near Acuity: __________ OS __________ OD __________ OU
Visual Diagnosis: __________________________________________

Glasses/Contacts Prescribed? Yes □ No □ If yes, purpose: ____________________________________________________
Does the student wear/tolerate the glasses/contacts? Yes □ No □
Prognosis: □ stable □ guarded □ deteriorating □ treatment advised: __________________
_____________________________________________________________________________________________________

Other Medical Diagnosis: Yes □ No □ If yes, describe: ______________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Current Prescriptions: __________________________________________

Current services/therapies student receives: ________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Previous Low Vision Evaluation Results/Recommendations: ____________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Why is the FVE being conducted?
□ initial referral □ change in vision □ change in setting □ team member concerns
□ 3 year reevaluation □ other: ____________________________________________________________

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FUNCTIONAL VISION OBSERVATIONS:

Environment: □ familiar or □ unfamiliar (Make every effort to observe in familiar and natural environment)

Location (s):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Lighting (overhead, natural, glare, task):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Student’s State (arousal, positioning, health, etc.):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Activities Observed (Pay attention to the following: positioning, completing assignments, moving throughout room, response to transitions, avoiding obstacles, surface changes, attending to instruction, completing worksheets, reading activities, response to distance presentation, interaction with peers, comparison to peers, legibility of print, keeping up with pace of instruction, shifting gaze between presentations/people/information, accommodations used, behaviors, lighting changes, distractibility, etc.):

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VISION BEHAVIORS OBSERVED (check those that apply):

- □ lack of eye contact
- □ covers or closes one eye
- □ tilts head to one side for near tasks
- □ thrusts head forward to see
- □ tries to “brush away” a blur
- □ rubs eyes often or blinks often
- □ flaps hands in front of eyes
- □ look away when reaching
- □ frowns or squints when viewing
- □ avoids near tasks
- □ holds materials too close or too far away
- □ touch things to help recognize them
- □ eye pressing
- □ rocking behavior
- □ bangs head
- □ staring at lights

EXTERNAL OCULAR STATUS
Appearance/health of the eyes (check any that apply):

- □ eye size
- □ crusty or red eyelids
- □ red eyes
- □ watery eyes
- □ discharge or pus
- □ jerky eyes
- □ drooping eyelid(s)
- □ pupils of different size or reaction
- □ excessive tearing or blinking
- □ eyes turn inward or outward
- □ eye higher/lower than other eye
- □ prosthesis
- □ cloudy cornea
- □ other: ____________________________

Was Nystagmus present? □ yes □ no Null Point? ____________________________

Pupil response (Do pupils constrict to light and re-adjust when light is removed)

- □ brisk
- □ sluggish
- □ absent

Blink reflex (Does the student blink to threat?) □ yes □ no

Eye Preference (looking through kaleidoscope or monocular): □ right eye □ left eye

Alignment/Muscle Balance:
Indicate which applies and draw observations related to muscle imbalance:

- □ Both eyes appear aligned at all times.
- □ Individual eye appears misaligned at times.
- □ Individual eye appears consistently misaligned.
- □ Both eyes appear misaligned.

Eccentric Viewing? (Note if the student tilts head when viewing information in central visual field): ____________________________
**OCULOMOTOR BEHAVIORS:**

**Fixation:**
Fixation is the observed ability to direct a gaze and hold an object steadily in view. It is a foundation skill for all oculomotor behaviors. If the student is unable to establish a visual fix, using a tactile or auditory media and accommodations will be necessary.

Near: Steady □, inconsistent □, aware □, no response □
Size of Materials: ____________________________________________

Midrange: Steady □, inconsistent □, aware □, no response □
Size of Materials: ____________________________________________

Distance: Steady □, inconsistent □, aware □, no response □
Size of Materials: ____________________________________________

**Visual Responsiveness**
If the student is unable to establish a visual fix, assess their overall visual responsiveness and perception before continuing assessment of Oculomotor behaviors. Indicate if the student is able to localize to light.

Light perception (responds to lights on/off): □ yes □ no Observations: __________

Light projection (point/turn/move toward light source): □ yes □ no Observations: ______

Shadow and form perception: □ yes □ no Observations: _________________________

Detection of Motion: □ yes □ no Observations: ________________________________

**Convergence**
Convergence is the ability for the eyes to work together at a near distance. Eyes should converge, or come together, when objects are moved toward the eyes. It is essential to stability of vision, depth perception and binocular vision. Lack of convergence will have a negative impact on reading, copying from board to paper, driving and participation in sports.

Convergence □ yes □ no

Tracing:
Tracing is the ability to visually follow a stationary line. Tracing is an essential skill needed to read a line of print and return to the next line. If difficulty, they may have difficulty following a line of print. Trial a line guide with or without a highlighter and indicate the color preference, if any, of the highlighter.

________________________________________________________________________

________________________________________________________________________
Tracking:
Tracking is the observed systematic use of the eyes to follow an object. Tracking skills are also required in many sports and in everyday activities such as watching a passing car and driving. Note if the student is able to cross midline. Difficulties could indicate the need for safety considerations in gym and on the playground and basic traffic safety.

Was nystagmus present when tracking? □ yes □ no If yes, in what direction(s)?

Shift of Gaze:
Shift of gaze is the ability to visually fix on an object, shift to another object, and then return. Non-parallel shift of gaze is needed when copying information from the board. Parallel shift of gaze is used frequently in school when transferring information from a book to a paper or answering on a separate sheet. Trial a line guide or other place holder to help the student return to the correct location on the page.

Parallel shift of gaze? □ yes □ no Observations:

Non-parallel shift of gaze (near to midrange)? □ yes □ no Observations:

Visual Scanning:
To visually scan is to visually search in a systematic pattern such as looking on different planes (high, middle, low), to find objects or to avoid obstacles. Hide objects throughout the room for the student to locate. Place the objects on different planes for distance scanning. For near scanning, use I Spy books, file folder activities, textbooks, tablet device, etc.

Near Scanning:

Distance Scanning:
**ACUITIES & FIELDS**

**Visual Field:**
The visual field is the entire area of vision that can be seen without shifting the eyes or moving the head. If the student has a visual field loss, recommend preferential seating to the left, right or center of the room to provide widest field possible without turning head. Trial a slant board and determine if the student needs a page indicator on right of page to know when they have reached the end of a line or a line guide.

![Visual Field Diagram]

**Right eye**

**Left eye**

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**Near Visual Acuity:**
Near vision is the ability to perceive objects at a reading distance. Near distance is usually measured at 14 to 16 inches or within arm’s reach. If the student is not able to read an eye chart, use objects that vary in size. Indicate if the student required movement or sound to demonstrate awareness of materials presented. Additionally, note if the student needed extended time to attend. Make recommendations on the optimal object size to use with the student. If the student has difficulty accessing information at near, consider recommending a low vision evaluation to ensure they have the best optics in place. If significant difficulty even after provision of low vision devices, and/or they have a progressive condition, recommend tactual skills and/or auditory skills instruction. If the student leans in close to work, trial a slant board or reading stands, task lighting, soft lead pencils or 20/20 pens.

Note rate of speed for each line read including the last line that any symbols were identified. In the written report, type all font comparisons in point size to assist team members in understanding vision. Bold the smallest font size the student was able to read prior to slowing their rate of reading.

**Without the use of a magnifier.**

<table>
<thead>
<tr>
<th>Distance Comparison</th>
<th>Font Comparison</th>
<th>Accuracy</th>
<th>Distance</th>
<th>Comments</th>
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When using prescribed low vision device (specify).

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<th>Distance Comparison</th>
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Name of prescribed magnifier:_________________________ Power: ____________

Current print functioning and strategies student uses:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Distance Visual Acuity:
Distance vision is the ability to perceive objects at a distance usually measured at 20 feet. The student may need referred to a low vision evaluation to determine if they would benefit from a binocular or a monocular. Recommend preferential seating (positioned close to the area of instruction) if the student has difficulty detecting and/or discriminating information at a distance. Encourage teachers to verbalize directions. If the student has a tablet, recommend teachers utilize screen sharing software when presenting information on the Active Board. Recommend high contrast presentations and adherence to legibility guidelines.

If the student is unable to read an acuity chart, determine approximate acuity using this chart:

<table>
<thead>
<tr>
<th>Size of Object</th>
<th>2 feet</th>
<th>4 feet</th>
<th>6 feet</th>
<th>8 feet</th>
<th>20 feet</th>
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<tr>
<td>$\frac{1}{4}''$</td>
<td>20/200</td>
<td>20/100</td>
<td>20/67</td>
<td>20/50</td>
<td>20/20</td>
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<tr>
<td>$\frac{1}{2}''$</td>
<td>20/400</td>
<td>20/200</td>
<td>20/133</td>
<td>20/100</td>
<td>20/40</td>
</tr>
<tr>
<td>$\frac{3}{4}''$</td>
<td>20/600</td>
<td>20/300</td>
<td>20/200</td>
<td>20/150</td>
<td>20/60</td>
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<tr>
<td>1&quot;</td>
<td>20/800</td>
<td>20/400</td>
<td>20/267</td>
<td>20/200</td>
<td>20/80</td>
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At prescribed distance of testing instrument unaided (with glasses but without monocular, etc.)

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When using prescribed low vision devices

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Name of prescribed magnifier: ___________________________ Power: ____________

Strategies student uses to access print at a distance:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

VISION SKILLS

Color Vision:
Color perception is a determination of a person’s ability to perceive colors and shades of colors. If the student demonstrates difficulty, recommend adapting maps with symbols, label crayons and advise teachers on avoiding color-coded directions.

Match primary colors (objects or swatches): ___________________________
Match secondary colors (objects or swatches): ___________________________
Match hues: ___________________________
Color Testing Made Easy results: ___________________________

*Some students may have color dependence and only attend to certain colors. Indicate if student will only attend to certain colors. ___________________________

Contrast:
Contrast is the difference between foreground and background in terms of color or shading which enables items to be seen well. Many students with multiple disabilities will need high contrast between dark and light in order to demonstrate visual awareness or attention. If the student demonstrates difficulty, trial page or line highlighters, soft lead pencils, 20/20 pens or solid trays. Recommend placing a solid material under clear wheelchair trays to provide contrast. ___________________________

Contrast Preference: Black text on white □ white text on black □ custom: _______ text on _______
Lighting & Glare:
Many students with visual impairments will need good lighting in order to demonstrate visual awareness or attention.
Student sees best in: □ dim lighting □ medium lighting □ bright lighting
Is the student able to adjust readily to lighting changes (indoor to outdoor and vice versa)?

Is the student sensitive to bright light/glare? □ Squints □ avoids

If the student demonstrates difficulty, trial task lighting, sunglasses or filters, hats with brims, or adjusting the lighting. If a student is sensitive to glare, avoid using laminated materials.

Visual Clutter & Complexity
Note if the student is able to locate requested materials from a cluttered surface or items within a complex picture. If student has a transparent wheelchair tray, consider covering the underside of the tray with a solid color mat to provide contrast and reduce visual clutter. Observe student’s ability at near, distance and when moving through environment.

Depth Perception:
Note if the student over, under or side reaches for materials or has difficulty with surface changes. Recommend adaptations if the student demonstrates difficulty.

Visual Motor Skills (fine and gross motor)
Visual motor skills are the skills needed to coordinate eyes and hands. Note how the student performs a variety of visual motor activities. Note if the student is more successful when space is defined or bold contrast is provided.
**Visual Discrimination & Recognition**
Visual discrimination is the ability to recognize details in visual images. It allows students to identify and recognize the likeness and differences of shapes/forms, colors and position of objects, people, and printed materials. Indicate student’s ability to identify, match, sort and classify objects and pictures. Indicate if the student uses a picture or object communication board or system and if the student is successful in using it.

**Orientation & Mobility**
Indicate whether the student currently receives Orientation and Mobility or if they have in the past. Note the following skills and areas of concern.

- [ ] Avoid objects above the waist
- [ ] Avoid objects below the waist
- [ ] Avoid door frames/people
- [ ] Locate dropped objects
- [ ] Located and access locker
- [ ] Locate rooms by number/name
- [ ] Travel independently on stairs
- [ ] Travel independently throughout school
- [ ] Detect surface changes
- [ ] move toward objects within 5 feet or beyond
- [ ] Use proper guide technique
- [ ] Use proper cane skills if applicable

**Student Interests**
Include information about the student’s areas of interests from the student interview and interest survey.

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**ADDITIONAL NOTES**

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