



Name of School System
Name, Teacher of the Visually Impaired
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Functional Vision Evaluation & Learning Media Assessment

Name: _____ DOB: _____
Estimated Acuity: **Hand Motion/Count Fingers**
Visual Diagnosis: **Cortical Visual Impairment, Strabismus**
Evaluator: _____
Dates of Evaluation: _____

BACKGROUND INFORMATION:

***** is an eight year old girl who attends the Severe Intellectual Disability classroom at _____ in _____. ***** has global developmental delays, a mild hearing impairment in which she is to wear hearing aids and has daily seizures. She receives her ophthalmologic care from Dr. _____ at the _____. *****'s most recent eye report on file is dated _____. The eye report states that at this exam, it was not possible to evaluate her vision with formal methods but Dr. ***** estimated that her visual acuity was probably in the hand motion-counting finger range and stated that her visual diagnosis is a result of Cortical Visual Impairment. He also indicated that her peripheral vision is most likely intact. At this visit glasses were not deemed necessary. He also noted that her misalignment of her eyes (Strabismus) is well controlled and is not of educational significance. ***** has since visited the doctor in _____ and although a copy of the report is not on file, Mrs. _____ reports that Dr. _____ prescribed glasses.

***Cortical Visual Impairment (CVI)** is a temporary or permanent visual impairment caused by the disturbance of the posterior visual pathways and/or the occipital lobes of the brain. The degree of vision impairment can range from severe visual impairment to total blindness. The degree of neurological damage and visual impairment depends upon the time of onset, as well as the location and intensity of the insult. It is a condition that indicates that the visual systems of the brain do not consistently understand or interpret what the eyes see. The presence of CVI is not an indicator of the child's cognitive ability.*

***Strabismus** is the misalignment of the eyes in that they do not look at an object at the same time. When this occurs, two different images are sent to the brain. This confuses the brain and the brain may learn to ignore the image from the weaker eye*

This functional vision evaluation is being conducted at the request of Mrs. _____ and her IEP team as part of ongoing monitoring of *****'s vision to identify what ***** sees and what helps or hinders her visual performance. The intent is to acquire an understanding of *****'s functional vision in a variety of environments and to determine what environmental conditions serve as "visual assists" that help ***** to see or "visual obstacles" that interfere with seeing.

FUNCTIONAL VISION OBSERVATIONS:

***** was observed within in her familiar classroom on multiple occasions. Lighting came from overhead lights, from the light of the ActiveBoard projector and from natural light coming through the classroom window. ***** was observed in a variety of positions (seated in an adaptive swing, on the floor, and in an



adapted chair with tray). ***** was also observed moving throughout her familiar classroom environment. ***** was alert and responsive during the visits.

Appearance Of Eyes

*****'s eyes appeared healthy. They are generally balanced but her right eye appears to occasionally turn inward.

Vision Behaviors

***** demonstrated many visual behaviors, sometimes referred to as “blindisms”, during the observations. She frequently presses her right eye with her right hand, waves her left hand in front of her left eye, and stares at bright lights (e.g. out window on sunny day, at Active Board projector). These are common behaviors in students who are blind or visually impaired and particularly for students with Cortical Visual Impairment. ***** should be redirected from eye pressing, in particular, as it can cause permanent physical damage and the eyes to become sunken. ***** continues to have a very strong preference for light gazing and it is difficult to redirect her from this behavior. Positioning her in an adaptive chair during ActiveBoard presentations will prevent her from staring at the light source instead of the information on the board.

OCULOMOTOR BEHAVIORS:

Fixation:

Fixation is the ability to hold an object steadily in view for a period of time. ***** is able to establish and maintain a visual fix toward materials that incorporate her preferred characteristics (e.g. produce light or are reflective in nature). ***** is dependent on the movement of a visual target. She prefers to look at items that are reflective (constantly move by the way light bounces off of them) and will look toward items without these characteristics when they are paired with movement. ***** will maintain visual attention toward an ActiveBoard and iPad for an extended period of time. ***** is able to establish a brief visual fix toward materials as small as ½” that do not share preferred characteristics of light/reflection. ***** continues to demonstrate visual latency toward items that do not light up or are not back-lit such as a tablet or ActiveBoard. When provided with extended time paired with movement, she will look at the item presented.

Tracking:

Tracking is an essential skill needed to read a line of print and return to the next line. Tracking skills are also required in many sports and in everyday activities such as watching a passing car and driving. ***** is able to track slowly moving materials (particularly those that are preferred) horizontally from left to right and right to left crossing midline. She will track materials moving vertically both up and down only briefly and will break gaze when they are at approximately 45 degrees from center.

Shift of Gaze:

Shift of gaze is the ability to visually fix on an object, shift to another object, and then return. ***** demonstrated her ability to shift her gaze between items presented near and at a distance but the shift was slightly delayed. Throughout the observation, ***** would shift her attention between food items or the iPad presented at near and the ActiveBoard. Similarly, she would shift her gaze between items and people that were presented parallel with a slight delay. Provide ***** with extended response time when she is shifting her gaze to view choices for choice making activities.

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. ***** is able to scan to locate preferred items within her environment including looking for items that are partially hidden.



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. ***** responds to objects and persons when they are presented in her peripheral and central visual field and in a horizontal plane. She turns toward teachers and peers when they approach and are 90 degrees from center on either side. ***** demonstrated inconsistency responding to materials in her lower visual field at near, when items were placed on her tray that did not produce noise, or as she was walking. ***** frequently trips over stationary and moving materials in her path when she is moving throughout the classroom.

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. It was not possible to evaluate *****'s vision using formal methods as she is a non-reader and non-verbal. She did demonstrate the ability to detect ½" materials at near distances of 12"-14" which is comparable to an approximate 20/400 acuity.

Distance Visual Acuity:

Distance vision is the ability to perceive objects at a distance usually measured at 10-20 feet. Again, it was not possible to use formal methods to evaluate *****'s vision. ***** looks toward persons at a distance of 10 feet, but did not move toward preferred items presented at that distance. ***** is very possessive about the classroom swing and will become upset when she observes another child enter the 3' adapted swing from distances of 10'-20'. She will move toward the area and attempt to remove the child from the swing.

Depth Perception:

***** slowly reaches towards materials presented, and occasionally under reaches for them. She also stumbles over materials in her pathway, particularly when the surface is visually cluttered, indicating that she may have difficulty with depth perception.

OTHER FACTORS

Color Awareness

Although ***** did not demonstrate the ability to match or sort colors, she will look toward and interact with toys in a variety of colors and that feature multiple colors.

Contrast, Lighting, & Glare:

Contrast is the difference between foreground and background in terms of color or shading which enables items to be seen well. Many students with visual impairments and multiple disabilities will need high contrast as well as good lighting or high contrast between dark and light in order to demonstrate visual awareness or attention. Although ***** will look at objects with three or more colors and patterns, she detects materials easier when they are positioned on a contrasting surface.

Depth Perception:

***** slowly approaches materials as she reaches to obtain them indicating she may be having difficulty with depth perception. ***** has a visual diagnosis of strabismus and although Dr. _____ did not feel it continues to negatively impact her education, her eyes were observed to turn in at times throughout the evaluation. Additionally, she frequently trips over materials as she moves throughout her environment.

Visual Clutter & Complexity:

***** is able to locate desired toys from cluttered surfaces but responds more readily to choice making activities and communication boards when items are presented spaced apart and with minimal clutter. She frequently walks over and trips over materials and obstacles in her path.



Visual Motor Skills (fine and gross motor)

Visual motor skills are the skills needed to coordinate eyes and hands. **** brings most toys and materials to her mouth or leans in to lick materials for the purpose of interacting with them. She will grasp materials, and will feed herself independently but does not tactually explore materials or use materials for their intended purpose.

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. **** was able to make a selection between items presented, but it was difficult to determine if she was able to discriminate and make a selection as she did not select items presented but made selection of choices. She was unable to demonstrate the ability to identify, match, sort and classify objects and pictures. Currently, she uses a tablet with a choice making app for communication.

LEARNING MEDIA ASSESSMENT

**** uses a combination of her senses to learn from her world with vision being her primary mode of learning. **** has a mild hearing impairment in addition to her visual impairment. She appears to have auditory sensitivity and covers her ears when the classroom becomes loud. She has been prescribed hearing aids but does not tolerate them. **** will touch and hold items with various textures but does not tactually explore materials. She prefers to mouth or lick items presented.

SUMMARY

**** has a visual diagnosis of Cortical Visual Impairment (CVI) and strabismus. She prefers to interact with and look toward materials that produce light or are reflective in nature. She will, however, regard and respond to other items that do not share these characteristics but are highly motivating (trampoline, swing, food). **** continues to demonstrate visual latency which means she required extra time to visually respond to presented information. She uses her vision to locate items of preference in near and midrange environments and will move toward those that are desired. She will visually attend for extended periods of time to the Active Board when she is positioned in an adaptive chair to prevent her from staring at the projector light. **** will also visually attend to information on a tablet. She frequently attempts to activate the device with her mouth but will tolerate hand under hand assistance to touch it and interact with it through touch or she will hold the facilitators hand in order to have them activate it. Once **** visually attends, she will track to follow slowly moving materials as they are moved left to right and vice versa and as they cross midline. She will only briefly track materials moving vertically. She will shift her gaze between two items when presented. She is inconsistent in her eye-hand coordination but this is very difficult for students with Cortical Visual Impairment as she is required to look and coordinate movement at the same time. **** responds best to materials presented in her central visual field. She frequently trips over items in her path as she is focused on moving toward the desired area.

Statement of Eligibility

According to the (State) Department of Education State Rules, a student must have a visual acuity of 20/70 or less in the better eye after correction, a visual field loss that negatively affects visual performance, or a diagnosis of Cortical Visual Impairment. ****'s visual acuity is estimated to be counts fingers or hand motion and she also has a diagnosis of Cortical Visual Impairment. For this reason, **** meets the eligibility criteria as a student with a visual impairment. Because **** also has a documented hearing loss, she is identified as a child who is deaf-blind.



RECOMMENDATIONS:

General

- It is recommended that ***** receive an **evaluation from a Certified Orientation & Mobility specialist (COMS)** to determine if she needs instruction in skills for safe travel.
- The school needs to have **copies of eye reports** when ***** sees the eye doctor. Please forward copies to the Teacher of Students with Visual Impairments so his condition can be monitored for changes and new findings.
- Teacher's should be aware that *****'s **visual performance may fluctuate** due to changes in fatigue or illness.

Visual Functioning

- Be aware that *****'s **visual functioning may differ** from one time to another or from one environment to another. Differences in visual functioning are due to a variety of factors, such as *****'s physical state, the particular materials used, and how those materials are presented.
- **Consider introducing ***** to glasses** and encourage her to wear/tolerate them as they may assist her in seeing information beyond arms reach.

Visual Attention

- Expect ***** to **visually fixate** on items before giving them to her.
- ***** may need **extended time** to gain visual information from an object.
- Provide ***** with a **verbal prompt** prior to touching her so she can anticipate changes or activities.

Visual Clutter

- Provide adequate **spacing** between objects/symbols presented for choice making.
- Present items against a **plain background**; do not hold them up in space, as this tends to make them appear to "blend in" to the background.
- Encourage ***** to scan her environment to avoid obstacles and locate toys, locations and persons.

Contrast

- Using a **good contrast** background for items will improve *****'s ability to visually detect and fixate on the item.
- A **contrasting color** of tray or presentation board may help visually define the space were ***** needs to direct her visual attention.

Visual Presentation of Choices

- When presenting items (objects or pictures or symbols) for choice making, make sure ***** is **aware of all the choices**.
- You may need to **move the object slightly** to gain *****'s visual attention.

Distance Vision

- Encourage environmental awareness and use of distance vision by **explaining distance sounds** to ***** and by **encouraging her to look** for items/areas/people at a distance.

CVI Guidelines:

- ***** must be given something to look at that **she is able to look at**.
- Provide her with objects that incorporate characteristics she is able to see.
- Interventions should be designed to **meet, not exceed, her level of visual functioning**.
- **Strategies for improving vision should be integrated** into daily, functional activities of learning, self-help, leisure activities. It should **not be viewed as "therapy" but as a necessary approach**.

