

## Blind or Visually Impaired (VI)

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

Date of Birth: \_\_\_\_\_

Building: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Date of Evaluation Report: \_\_\_\_\_

Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Evaluation (Must meet initial criteria)

\_\_\_\_\_ Reevaluation

**Based on information in the Evaluation Report and the student file, the student must meet the requirements in A and B below.**

### A. Visual Impairment

The student's file must include documentation of visual impairment by a licensed eye specialist in at least one of the following:

\_\_\_\_\_ Visual acuity of 20/60 or less in better eye with best conventional correction.

- Estimation of acuity for difficult-to-test pupils.
- For pre-kindergarten, measured acuity must be significantly deviant from what is developmentally appropriate.

\_\_\_\_\_ Visual field of 20 degrees or less, or bilateral scotomas.

\_\_\_\_\_ Congenital or degenerative condition: \_\_\_\_\_  
such as, progressive cataract, glaucoma, retinitis pigmentosa

### B. Functional Evaluation

The student's file must include a functional evaluation of visual abilities. A licensed teacher of the visually impaired must determine the student has or experiences at least ONE of the following:

\_\_\_\_\_ Limited ability in visually accessing program-appropriate educational media without modification.

\_\_\_\_\_ Limited ability to visually access full range of program-appropriate media and materials without accommodating actions such as changes in posture, body movement, squinting, focal distance, etc.

\_\_\_\_\_ Variable visual ability due to environmental factors that cannot be controlled such as contrast, weather, color or movement

\_\_\_\_\_ Reduced or variable visual acuity due to visual fatigue or factors common to the eye condition

### **Review of Eligibility Determination**

To determine compliance with eligibility determination, one of the following **MUST** be checked.

\_\_\_\_\_ The documentation supports the team decision.

\_\_\_\_\_ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1345.