

Eligibility Criteria For Visual Impairment



Evaluation Guide

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I. Development of the Technical Assistance Documents

With the passage of the new rules, Wisconsin Chapter PI 11.35 relating to need for special education and Chapter PI 11.36 relating to new eligibility criteria for six of the impairment areas, it is imperative all involved in evaluating children have a clear understanding of the requirements. The Department of Public Instruction (DPI) has designed these technical assistance documents to assist the reader in understanding each of the new provisions of the rules and to give guidance in evaluating children to determine if they have an impairment and a need for special education. The six documents relate to the impairments of: cognitive disabilities, visual impairments, hearing impairments, speech and language impairments, specific learning disabilities and emotional behavioral disabilities. The overall purpose of these documents is to serve as a resource for Individualized Education Program (IEP) teams and designed to address four primary objectives:

- (1) To clarify changes in the new rules regarding need for special education and eligibility criteria.
- (2) To operationalize the eligibility criteria for each of the impairment areas that have changed.
- (3) To highlight assessment practices that assist the IEP team when evaluating a child.
- (4) To provide clarification of the process the IEP team must use to determine if the child needs special education and related services.

During the spring and summer of 2001, specific disability task forces met to provide input on content for the documents. These technical assistance documents are the end result. We recognize the critical importance of appropriate identification both because each child should be labeled only if necessary for educational services and because of concerns in Wisconsin and nationally about increasing identification rates.

II. IEP Team Process—Evaluation

Evaluation is an essential part of the special education process for children with disabilities. Children are evaluated initially to see whether or not they have impairment and whether, because of that impairment, they need special education and related services. Information gathered during the evaluation helps to determine the educational needs of the child and to guide the IEP team in determining the appropriate services for the child. Federal and state special education law is specific about requirements for evaluating students. This section will briefly highlight those provisions of the law. Further details can be found in Wisconsin Chapter 115.782 and in federal Individuals with Disabilities Education Act of 1997 (IDEA) regulations 34 CFR 300.530-536.

Referral

- Any person who reasonably believes a child is a child with a disability may refer the child to a local education agency.
- Certain individuals such as physicians, nurses, psychologists, social workers, administrators of social agencies, and school personnel are required to make a referral when they suspect a child has a disability.
- All referrals must be in writing.
- Prior to submitting the referral, a person required to make a referral must inform the child's parent.
- When the LEA receives the referral, the 90-day timeline from receipt of referral to sending placement notice begins.
- School districts must have written procedures describing the referral process.

The IEP Team

When a child is referred, the LEA appoints an IEP team (s. 115.777, Wis. Stats.). This IEP team includes:

- **The parents of the child.** Parents are equal participants on the IEP team throughout the process.
- **At least one regular education teacher** if the child is or may be participating in a regular education environment. It is the intent of the

law that the regular educator should be one who is, or will be, teaching the child.

- **At least one special education teacher** who has extensive and recent training and experience related to the child's known or suspected disability or, where appropriate, at least one special education provider of the child. In cases where a district does not employ individuals with the required training and experience in the area of visual impairment, it is possible for the district to find trained individuals through other districts, CESAs, or the Wisconsin Center for the Blind and Visually Impaired (WCBVI) to meet the evaluation requirements.
- **A Local Education Agency (LEA) representative** qualified to provide, or supervise the provision of special education, is knowledgeable about the general curriculum and is knowledgeable about the availability of and authorized to commit LEA resources. This individual can also fill another role if the individual meets the requirements for another role.
- **An individual who can interpret the instructional implications of evaluation results.** This individual can also fill another role.
- **Other individuals at the discretion of the parent or LEA**, including related services personnel as appropriate. It is important to be aware the occupational therapy, physical therapy, and school nursing practice acts and professional standards require an evaluation prior to providing services. A representative from birth to 3 programs or Head Start should be included when referring preschool children.
- **The child, whenever appropriate.** The student must be invited to any IEP meeting where transition is discussed.

IEP Team Duties

- The IEP team is responsible for three basic activities:
 - First, to **evaluate** the child to determine whether the child has, or continues to have, a disability and to identify the child's educational needs.
 - Second, for each child who has a disability, **to develop, review, and revise** the child's IEP.
 - Third, **to determine** a special education placement for each child who has a disability.
- It is important to remember these activities are part of a unified and fluid process. The IEP team can complete these activities in one or more meetings. Evaluation information is used to identify appropriate goals

and objectives for the student to work on throughout the year. The basic idea is for those who know and care about the child collaborate to identify and meet the child's needs.

Evaluation Activities

- The IEP team completes three basic activities during any evaluation. These activities are common to both initial and re-evaluations although there are some procedural differences between the two.
- First, the IEP team **reviews existing data** and determines whether additional data are needed. A review of existing data is always the first step of any evaluation.
- If additional data are needed, the IEP team **conducts any necessary tests and other evaluation materials** in order to determine if the child is, or continues to be, a child with a disability.
 - The LEA assesses the child in all areas of suspected disability and conducts a non-discriminatory evaluation. (The provisions for a non-discriminatory evaluation are found at 115.782(2)).
 - Each participant administering new tests or evaluation materials completes an individual summary of findings.
- The IEP team then **completes an evaluation report**.

Initial Evaluation

- Following the receipt of an initial referral, the LEA provides the parent with a notice a referral has been made.
- **The notice includes the individuals the LEA has appointed as IEP team participants, in addition to the parent and student as appropriate, and the qualifications of those participants.**
- The IEP team reviews existing data and determines whether additional data must be collected in order to determine whether the child is a child with a disability and to identify the child's educational needs.
- The IEP team must review existing data **including information provided by the parents**, previous interventions and their effects, current classroom-based assessments and observations by teachers and others. After doing so, the IEP team decides whether additional data are needed. Existing data would include any information from outside sources including evaluation data for a child transitioning from a Birth-3 program or Head Start program.

- **It is not required to have an IEP team meeting to review existing data, however the IEP team may decide to this in a meeting.**
- If the IEP team, which includes the parents, finds **no additional data are needed, the LEA notifies the parents in writing of the finding and reasons.**
- The next step is to invite the parents to an IEP team meeting and make a determination about whether the child has a disability based on existing data.
- If there is a disagreement between the parent and the LEA which cannot be resolved about whether additional data are needed, the parent or LEA may pursue mediation, due process and/or file a complaint (as at all stages of the IEP process).
- If the IEP team, which includes the parent, **determines additional information is needed**, the IEP team specifies what data are needed and the qualifications of evaluators who will collect the data.
- Parents are notified of this decision in writing. The notification includes all evaluation procedures, tests, or other evaluation materials that will be used, who will be conducting the assessment (if known) and their qualifications.
- **Parental consent** is needed before administering new tests or other evaluation materials. Parents may revoke their consent at any time prior to the completion of the evaluation.
- Following the administration of tests and other evaluation materials, the IEP team meets, reviews all evaluation information, and makes a determination as to whether the child is a child with a disability.

Re-evaluation—General Provision

- Re-evaluations are conducted at the request of the child's parent or teacher when conditions warrant, and at least once every three years.
- The procedures for re-evaluation are essentially the same as for initial evaluations.
- Prior to beginning a reevaluation, the LEA provides the parents with **written notice**. This notice informs the parents the LEA intends to reevaluate the child and the reason for the re-evaluation.
- The notice also includes the IEP team participants, in addition to the parent and child (if appropriate), who have been appointed by the LEA, their names and qualifications.
- The IEP team reviews existing data including:

- existing evaluation data,
 - information provided by the parents,
 - previous interventions and their effects,
 - current classroom-based information, and
 - observations and interviews.
- Upon re-evaluation, if after reviewing existing data, the IEP team determines **no additional data are needed**, the LEA **notifies** the parent in writing of the finding and the reason for it, and the parent's right to request assessment to determine whether the child continues to be a child with a disability (the parent is an IEP team participant and thus knows this decision has been made. Providing them with written notice is a statutory requirement).
 - If **additional data are needed**, the parent is **notified**, and a description of the types of tests and other evaluation materials to be conducted, and names (if known) and qualifications of examiners are provided.
 - **Parental consent** is needed before administering new tests, assessments, or other evaluation materials.
 - **Except** consent need not be obtained if LEA has taken reasonable measures and parents fail to respond. This is different than if the parent refuses to give consent.

Evaluation IEP Team Determination

- Based on the review of existing data (and the results of new tests and other evaluation materials, if administered), the IEP team determines:
 - whether the child has, or continues to have, impairment listed in state statute, s.115.76
(a), Wis. Stats.,
 - the present levels of performance and educational needs,
 - whether the child needs special education, and
 - whether additions or modifications to the special education and related services are needed to enable the child to meet the measurable, annual goals specified on the child's IEP and to participate, as appropriate, in the general curriculum.
- **This determination is an important bridge between evaluation and program planning and is documented as part of the IEP development and review process.**

- The IEP team may not determine that a child is a child with a disability solely because the child has received insufficient instruction in reading or math or because the child has limited proficiency in English.

Evaluation Participant Summary of Findings

- Each IEP team participant who conducts new tests, assessments, or other evaluation materials submits a summary of their findings.
- This summary is made available to all IEP team participants at the IEP team meeting when the data is discussed. It is also attached to the evaluation report.
- The summary of findings is:
 - in writing,
 - about one page in length,
 - understandable to all IEP team participants, and
 - includes information about the child's strengths and needs that will be useful to program planning.
- It is not intended to be a lengthy report nor just a list of standardized test scores.
- Each Summary of Findings becomes part of the Evaluation Report and is not a "stand alone" document.
- Please note: It is not appropriate for an IEP team participant to make recommendations about whether a child meets eligibility criteria on their individual summary of findings. This decision rests with the IEP team as a group.

Evaluation Report

- The IEP team documents the evaluation findings in its Evaluation Report. This includes information from:
 - review of existing data,
 - findings from any new or additional tests or evaluation materials administered including Participants' Summaries of Findings, and
 - determination of eligibility for special education including:
 - whether the child has an impairment,
 - if the child needs special education,
 - additional required documentation if the child was evaluated for a learning disability. In addition, for a child suspected of having

a specific learning disability, each IEP team member must certify in writing whether the report reflects his or her conclusion. If it does not, the IEP team member must submit a separate statement presenting his or her conclusions, and

- additional required documentation if the child was evaluated for a visual impairment or if a child with a visual impairment requires Braille.
- The LEA informs all IEP team participants they may request a copy of the evaluation report or additional time before the IEP team develops an IEP for the child.
- The LEA asks each IEP team participant if they would like a copy of the report or additional time prior to moving forward to develop the IEP.
- Any IEP team participant may request a copy of the evaluation report at any time, following the evaluation.
- Unless provided earlier at an IEP team participant's request, a copy of the evaluation report is provided to parents with the placement notice.
- If the IEP team determines the child is **not** a child with a disability, it identifies any educational needs of the child and any LEA or non-LEA services that may benefit the child.
- Unless provided earlier, a copy of the evaluation report is provided with notice of IEP team findings that the child does not have a disability.

III. Introduction to the Eligibility Criteria for Visual Impairment

PI11.36 states:

(3) VISUAL IMPAIRMENT

Visual impairment means even after correction a child's visual functioning significantly adversely affects his or her educational performance. The IEP team may identify a child as having a visual impairment after all of the following events occur:

(a) A certified teacher of the visually impaired conducts a functional vision evaluation which includes a review of medical information, formal and informal tests of visual functioning and the determination of the implications of the visual impairment on the educational and curricular needs of the child.

(b) An ophthalmologist or optometrist finds at least one of the following:

- (1) Central visual acuity of 20/ 70 or less in the better eye after conventional correction.*
- (2) Reduced visual field to 50 degrees or less in the better eye.*
- (3) Other ocular pathologies that are permanent and irremediable.*
- (4) Cortical visual impairment.*
- (5) A degenerative condition that is likely to result in a significant loss of vision in the future.*

(c) An orientation and mobility specialist, or teacher of the visually impaired in conjunction with an orientation and mobility specialist, evaluates the child to determine if there are related mobility needs in home, school, or community environments.

These guidelines present the eligibility criteria in three sections (IV, V, VI) based on each required element that the IEP team must consider. The sections, respectively, provide detailed information regarding the elements of the functional vision evaluation including educational implications, eye care professional findings, and the orientation and mobility considerations. When reviewing existing data, the IEP team may decide that they have sufficient information in each area in order to make an eligibility determination without additional testing. However, if

elements are missing, or information is insufficient, further testing may be necessary.

The three elements of the criteria are not required to be considered in the order they are listed. In fact, it is likely that some of the elements may be considered concurrently depending on individual circumstances. It also is important to note that all three elements apply to all children, including those with additional disabilities, who are suspected as being a child with a visual disability. For example, the functional vision evaluation, as defined by these rules, is much more inclusive than looking at visual skills alone. In the case where a child is totally blind a statement can be made that the child has no usable vision, as documented through medical information. However, determining the implications of this child's visual impairment on the educational and curricular needs still will require detailed assessments involving formal/informal testing and observation.

Additionally, while all three elements must be considered during the evaluation process, the IEP team is not limited to assessing these areas only during that time. For example, functional vision activities that are completed as part of the functional vision evaluation need to be monitored regularly as the child progresses. Likewise, information from the eye care professional may be received or requested more frequently than solely during the initial evaluation or re-evaluation. The same is true with the considerations for orientation and mobility (086M). All of these elements should be monitored regularly and will contribute ongoing information to the team's existing data when re-evaluation is conducted.

IV. Functional Vision Evaluation Component PI11.36

(3)(a)

"A certified teacher of the visually impaired conducts a functional vision evaluation which includes a review of medical information, formal and informal test of visual functioning and the determination of implications of the visual impairment on the educational and curricular needs of the child."

When a formal referral is made for a child with a suspected visual disability a functional vision evaluation is required. This evaluation must include the following:

- **Medical information**
- **Formal/informal testing**
- **Determination of Implications**

It is important to emphasize that the functional vision evaluation for each student must be **individualized**. When reviewing existing data, the IEP team may determine a previous functional vision evaluation is sufficient and that further testing is not necessary. The IEP team is required to provide documentation of each component of the functional vision evaluation in eligibility determination. For the purposes of determining eligibility, the functional vision evaluation is not solely a description of what the child sees, but includes all three areas listed above.

Review of Medical Information

Why is medical information important? The medical information assists the teacher in determining what assessments will be conducted. The eye report may include, but is not limited to:

- etiology and pathology,
- visual acuity measures,
- field loss information,
- refractive correction, and
- restrictions.

If more information or clarification is needed, the teacher of the visually impaired often contacts the eye care professional. Additional items beneficial to discuss with the eye care professional may include:

- The stability of the eye condition. Is it stable with no likelihood of further degeneration, or is the condition regarded as stable for only the time being?
- Are medications used that may cause ocular side effects?
- Is future treatment or surgery planned?

It is important to review the entire medical history of the child to clarify the impact of visual difficulties on past, current, or future educational progress. A child who has had frequent surgery, for example, may have had extended absences from school or fluctuations in vision, which results in a number of educational implications.

DPI has developed a form (PI-2015) "Ocular Report for Children with a Known or Suspected Visual Impairment", which can provide teachers and eye doctors with a way to communicate. Information from this form can assist the IEP team in educational planning. Additionally, information documenting the child's vision diagnosis must be submitted to DPI in order for the child to be registered with the American Printing House for the Blind (APH). Ocular information may be received in a variety of forms; however, form PI-2015 is the preferred method of reporting.

The eligibility criteria require that specific medical information be provided by the optometrist or ophthalmologist. This component of the functional vision evaluation is explained in detail in Chapter V.

Formal and Informal Assessments

Medical information is an essential element that provides information on eye health and also gives measurements regarding what the eye is capable of at that moment in a clinical setting. However, the way the child uses his/her vision in day-to-day activities cannot be determined with clinical information alone. For example, the child's ability to read symbols on an illuminated eye chart first thing in the morning may be very different from the child's ability to read a novel late in the day. Therefore, the information obtained through informal and formal assessments conducted by the teacher of the visually impaired is a crucial component of the functional vision evaluation. The following paragraphs will discuss considerations when conducting formal and informal assessment.

What type of evaluation should be conducted?

Evaluation tools need to be appropriate for the child's developmental level, and the evaluation must be **individualized** for each child. One specific test will not be right for all children. The type of assessment conducted will be influenced by vision diagnosis, school concerns, curricular needs, additional disabilities, age, learning style, and motivation.

Formal

Formal tests of visual functioning can provide information based on recognized standards. The tests come in a variety of formats such as checklists, eye charts, performance-based measurements or criterion-referenced assessments. Test selection may vary for each child and should be **individually** determined.

These tests may include but are **not limited** to the following:

- measures of visual acuity (both near and distance),
- eye preference,
- color vision,
- visual fields,
- visual discrimination,
- depth perception,
- contrast sensitivity,
- reading rate and comprehension,
- learning media assessment, and
- expanded core curriculum checklists (see pages 17-18).

Formal testing, completed during the evaluation process will not be sufficient to identify and determine all needs. Consider also children diagnosed with the same or similar eye conditions, visual acuity, field restrictions, or other ocular difficulties, may function very differently from one another in their daily activities. Keep in mind that usable vision can fluctuate due to lighting, fatigue, health, motivation, or stress. This fluctuation can greatly impact the student's ability to complete tasks and should be monitored regularly.

Informal

Informal assessments should include observation, interviews and other informal activities with the child. Informal testing may be the most reliable method of obtaining information from students with multiple disabilities for whom traditional formal testing may prove ineffective.

Crucial information is gathered by completing observations in natural situations versus clinical or formal testing. The following are some basic guidelines when completing observations:

- observe in a variety of settings and during various, common activities,
- observe at different times of the day,
- note environmental factors such as lighting, background, and noise levels or distractions,
- observe both near and distance vision tasks, and
- observations may occur over a number of days.

The teacher of the visually impaired can obtain invaluable information for the IEP team by conducting interviews of the child, parent, and other school staff. The purpose of these interviews is to gather impressions of how vision issues affect day-to-day functioning.

Additionally, the teacher of the visually impaired may need to try other activities with the child that could not be completed through informal observations. These activities could vary greatly and include common tasks, such as writing, cutting, sorting, or other specific tasks based on the concerns presented by the regular classroom teacher, the parent, or other staff who work with the child.

Finally, when working with children who have additional disabilities, informal testing can be one of the best ways to gather valuable information. Obtaining thorough information regarding the visual functioning of these students is extremely important. When evaluating a child with multiple disabilities it is important to be aware that while other disabilities may appear prominent, even a mild visual impairment is compounded by the concomitant conditions. When additional disabling conditions are present, there often is a need to emphasize the significance of the visual loss and how it can affect the child as a whole. The visual functioning of the child should be considered within the context of the child's other disabilities. Evaluation of these children may include the following:

- Conducting multiple sessions over a lengthy period.
- Observing the child's behavior should include familiar and unfamiliar indoor and outdoor environments.
- Working with others to assure that the child feels comfortable in order to complete parts of the assessment.
- Obtaining input from parents and all staff who works with the child. (include regular education, other special education teachers, assistants, physical therapy, occupational therapy, specially designed physical education, speech, O&M, and others).

Observations, interviews, and informal activities with children who have a suspected visual disability, including those with other disabilities, provide

pertinent and practical information for determining implications. Therefore, the informal testing component is very important.

Determining Implications

Throughout the completion of the review of medical information and informal/formal testing the teacher of the visually impaired must document how the implications of the visual impairment impact on the educational needs of the child. The IEP team should consider not only the immediate needs, but also the needs that may arise as the child progresses educationally. The teacher of the visually impaired needs to include as much of this information as possible to assist the team in making educational decisions for the child. The following areas need to be considered when determining modifications and instructional needs of the child:

- general curriculum,
- educational environments,
- learning media, including reading and writing modes, and
- expanded core curriculum specific for child with visual impairments.

All students may not exhibit difficulties in all of these areas due to the visual impairment; however evaluation should consider all potential implications. If needs are thoroughly addressed in the evaluation process and effective intervention occurs, the vision concerns need not be an obstacle to educational success.

General Curriculum

It is very important that the IEP team's discussion includes all accommodations, adaptations, modifications, or additional instructional needs necessary to allow the student to participate successfully in the general curriculum. Questions to consider during evaluation should include:

- What kinds of materials are used and how is the curriculum being taught? Consider daily class handouts, materials, test, and projects.
- Would other formats such as Braille, large print, recorded be beneficial for the child to use or to learn how to use to access the curriculum?
- Does the child need multiple formats depending on the material presented? (Examples: recorded and print materials together, or Braille for reading, print for math, etc.)

- Does the child have all the basic concepts that are learned incidentally through vision to understand the curriculum? Does the child have enough information to make the curriculum meaningful? For example, if the reading curriculum discusses different animals and the child only has experience with toy animals, does she understand the relative sizes of animals or will she need opportunities to learn about the real size of these animals. If a child has not had experiences related to the curriculum she may not be able to apply meaning.
- Will the child need real objects, tactile graphics, modified pictures, and/or verbal descriptions to represent items in the curriculum having pictorial or graphic presentation?
- When curriculum items are primarily visual, are there creative ways to allow the student access to the curriculum?
- Most importantly, what changes should be made, or what instruction is needed, that will allow the student to be as independent as possible while having equal access to the curriculum?

The current or future regular education teacher's(s) involvement in the evaluation process is crucial in determining the demands and expectations of the child within the general curriculum.

Educational Environments

Participation with peers in the regular education environment along with having access to all environments within school and community is extremely important to consider. The following are questions to ask during the evaluation:

- How does seating affect the child?
 - Does the layout of classroom(s) change frequently?
 - What proximity to items in the environment does the child need to have? Does the child need copies of items at his/her seat that are on the wall, boards, overhead, etc.?
 - If the child uses specialized equipment, where does it need to be located for the child's optimal use?
- What factor does lighting play?
- Have all environments been considered, such as change of classrooms and use of locker in upper grades, music, art, physical education, lunch, recess, field trips, assemblies, and other extra-curricular activities?
- What other environments does the child need to learn to access in order to live as independently as possible? For example, can the child travel safely in unfamiliar environments? Do they need experiences with common devices in public buildings such as electric doors, elevators, and escalators? Or do they need familiarity with places they

may need to get to independently, such as a grocery store or the bus and train stations?

Learning Media/Reading and Writing Mode(s)

For all children who are blind or visually impaired, including those with additional disabilities, the IEP team is required to evaluate the child's reading and writing skills, needs, and appropriate reading and writing media. Instruction in and the use of Braille must be provided to the child, unless through thorough evaluation, the team determines that Braille instruction and the use of Braille is not appropriate now or in the future. In order to gather the information needed to assist the team in making these decisions for the child, the teacher of the visually impaired should conduct a learning media assessment. Much of the work for the learning media assessment is completed during other parts of the functional vision evaluation or other team assessments (e.g. medical report, developmental level, visual functioning, reading rates, etc.). Specific questions related to the learning media assessment would include:

- If the child has a central vision loss, what is the impact on reading skills?
- How long is the child expected to read or complete visual tasks in one sitting?
- How long does it actually take the child to read or complete visual tasks? Is this the most efficient media for the child?
- Does the child experience eye fatigue or other physical discomfort from poor posture or close viewing?
- Can the child complete tasks such as using notes for oral reports, turn dials on a stove safely, organize files in a file draw or CDs in a CD rack, etc.?
- What are the current functional vision levels?:
 - working distance,
 - print size needs,
 - contrast sensitivity, and
 - use of optical aids.
- How does the child utilize his auditory skills?:
 - memory,
 - discrimination,
 - sequencing,
 - overall comprehension, and
 - ability to ignore background noise.

- Does the child demonstrate, or will she be able to demonstrate, specific pre-Braille concepts such as:
 - one to one correspondence,
 - basic counting to 6,
 - tactile discrimination skills, and
 - tracking.

Providing detailed information to the IEP team about reading and writing skills, regardless of level (pre-tactile, auditory, etc.) is important for decision making. The IEP team may determine that a child needs different media for different activities or even need more than one media at a time. For example, a child may use Braille for composing (writing), and auditory material for reading, while another child may read using large print, but use Braille for labeling. Additionally, a child with other disabilities may use assistive technology to write, but use some Braille or tactile symbols to read or communicate. The IEP team will be asked each year at the annual IEP meeting to assure that the evaluation information about reading and writing skills is current and the decisions on appropriate learning media still are appropriate. Therefore, maintaining current and relevant information is extremely helpful.

Expanded Core Curriculum

During the evaluation, the team needs to consider all educational needs of the child. Educational needs of children who are blind and visually impaired are not academic alone. All the expanded core curriculum areas must be considered during the evaluation process. If deemed necessary, formal or informal assessments for each area may occur. The following are the nine expanded core areas with minimal suggested guidelines. Detailed definitions are available in the Wisconsin Expanded Core Curriculum pamphlet, which is listed in the appendix.

Compensatory Skills Including Communication Skills/Recreation and Leisure

- What are the child's needs related to compensatory and communication skills?
- Does the child need prerequisite skills in order to utilize modifications? For example, if a child is determined to need other formats such as Braille or auditory, is instruction in the use of these formats needed?

- If the child is currently using accommodations or compensatory skills, are they successful for them?

Orientation and Mobility

- Discussed in detail in Chapter VI.

Social Interactions Skills/Independent Living Skills/ Recreation and Leisure

- Is the visual impairment impacting the way the child is able to demonstrate skills in these areas?
- Does the child have skills that allow them to participate in social, recreational, and daily living activities that are commiserate with children in her age or peer group?

Career Education

- Consider transitional needs of the child at all age levels?
- Have the child's preferences and interests been considered?
- Have the child's present and future needs, course of study, independent skills, and support services necessary to prepare the child for post-secondary education, employment, and independent living been considered?"

Technology

- Does the child need low tech devices, such as magnification, reading stands, writing guides, page markers, bold line paper, etc. to complete educational activities?
- Does the child need high tech devices, screen magnification, voice output, Braille notetakers, scanners, etc. to complete educational activities?
- Does the child need skill building in order to utilize the assistive technology device(s)?
- Are there future needs that can be documented through this evaluation?

Visual Efficiency

- Does the child need strategies to better utilize the vision he/she has?
- Have low vision aids been considered?

Self-Determination

- Does the child understand his or her visual impairment?
- Does the child make necessary adaptations in order to be successful?

Outline Functional Vision Evaluation Components Eligibility Criteria

For the purpose of determining eligibility, including the need for special education, a comprehensive functional vision evaluation should be inclusive of the all of the components in the following outline:

- I. Medical Information
- II. Assessment
 - A. Formal
 - B. Informal
- B. Informal
- III. Educational and Curricular implications
 - A. General Curriculum (All academic and extracurricular areas for the child.
 - B. Educational Environments (Within school and community)
 - C. Learning Media including Reading and Writing Modes
 - D. Expanded Core Curriculum
 1. Compensatory Skills, such as Communication Modes
 2. Orientation and Mobility
 3. Social Interaction Skills
 4. Independent Living Skills
 5. Recreation and Leisure Skills
 6. Career Education
 7. Use of Assistive Technology
 8. Visual Efficiency Skills
 9. Self-Determination

V. Eye Care Professional's Report Medical Component [PI11.36 (3)(b)]

"An ophthalmologist or optometrist finds at least 1 of the following:

- 1. Central visual acuity of 20/ 70 or less in the better eye after conventional correction.*
- 2. Reduced visual field to 50 degrees or less in the better eye.*
- 3. Other ocular pathologies that are permanent and irremediable.*
- 4. Cortical visual impairment.*
- 5. A degenerative condition that is likely to result in a significant loss of vision in the future."*

What does it mean to have a central visual acuity of 20/70 or less in the better eye after conventional correction?

Visual acuity is the measurement of the sharpness of vision in respect to the ability to discriminate detail. Visual acuity should not be used solely to predict one's visual function or educational performance. We often regard "typical" visual acuity to be 20/20. A visual acuity measurement of 20/70 means that when looking at a target from a distance of 20 feet, the child is able to see it with the same degree of clarity as a person with "typical" or 20/20 vision would see that same target from a distance of 70 feet. The nationally recognized standard for legal blindness is 20/200 using Snellen measurements. A student does not have to be legally blind to meet the eligibility criteria. "Conventional correction" relates to the use of ordinary glasses or contact lenses.

What does it mean to have a reduced visual field to 50 degrees or less in the better eye?

A field of 50 degrees refers to the widest point of the field of vision as obtained by the eye care professional. A 20-degree field or less is considered legal blindness. A student does not need to be legally blind to meet the eligibility criteria.

What is included in other ocular pathologies that are permanent and irremediable?

A majority of visual impairments will exhibit one of the previous indicators. A few conditions, such as homonymous hemianopisa, in which the person

is only able to see out of half of each eye, may not exhibit the prescribed acuity reduction or field restriction as noted above. A student with this condition, or conditions like this, still would have a visual impairment that was permanent and irremediable. Likewise, a child with severe nystagmus may have difficulty maintaining a fixation when reading in spite of adequate visual acuity levels. Children with other visual anomalies that are not permanent or irremediable and can be improved by medical or therapeutic intervention should not be considered visually impaired. For example, children whose vision may be corrected by glasses are not considered visually impaired.

What is a cortical visual impairment?

In contrast to a structural impairment or refractive error, a cortical visual impairment ("cortical blindness") is not caused by any abnormality of the eyes. Instead, it results from damage within the brain, often within the visual cortex of the brain. This damage prevents the child from adequately receiving or interpreting messages from the eyes, even though the eyes may be quite capable of gathering visual information (C. Holbrook Ph.D. 1995). Cortical visual impairment is a specific medical diagnosis made by an ophthalmologist, optometrist, or neurologist.

What does it mean to have degenerative condition that is likely to result in a significant loss of vision in the future?

Conditions such as Retinitis Pigmentosa, Cone/Rod Dystrophy, Stargardt Disease may result in a significant visual impairment in the future. Although a child with certain diagnosis may not currently exhibit significantly reduced levels of vision, it is important not to wait to consider potential needs these students may have and how to address them.

VI. Orientation and Mobility Component [PI11.36 (3)(c)]

An orientation and mobility specialist, or teacher of the visually impaired, in conjunction with an orientation and mobility specialist, evaluates the child to determine if there are related mobility needs in home, school, or community environments.

A visual impairment can have a significant impact on a child's ability to keep track of their location in the environment (**orientation**) and on the ability to travel safely and efficiently in school and community environments (**mobility**). Specialized training, **Orientation and Mobility (O&M) instruction**, is a **related service** that addresses the travel challenges frequently associated with vision impairment.

Every time an IEP team meets to determine a vision impairment and need for special education, orientation and mobility instruction **must** be considered. Each initial evaluation and re-evaluation requires an orientation and mobility evaluation unless the IEP team agrees that they can determine need from existing data.

A licensed orientation and mobility teacher (DPI license #826) can complete the evaluation. Or, a teacher of the visually impaired (DPI license #825) and an orientation and mobility teacher can work together to complete the evaluation. Only a comprehensive evaluation in multiple environments will assure that individual mobility needs are not overlooked.

The components of a comprehensive evaluation will be different for each child, because children vary in their needs and potential as independent travelers. The IEP team will be able to make an accurate determination of need if appropriate information is provided. Best practice for conducting an evaluation and obtaining critical information will consider the following statements and questions:

All children who are blind or who have low vision need a variety of travel experiences in order to develop safety skills, travel confidence, and an appreciation for independence. These experiences also are the building blocks for literacy, social competence and self-esteem. Expectations are based on the age of the student. Age expectations affect the content of the evaluation, assessment procedures, and subsequent recommendations.

- Is the student traveling safely and as independently as possible in the school environment?
- Are there particular school environments/activities where the child's vision condition affects mobility (stairs, crowded halls, playground, gym, lunchroom, bus-loading area, off-campus field trips)?
- Are there particular school environments/activities where the child's needs additional safety supervision? Where there is too much supervision?
- How does the child's community mobility skills and experiences compare with age-peer expectations?
- How does the child's traffic safety skills and street crossing experiences compare with age-peer expectations?
- Can the child demonstrate age-appropriate orientation and navigation skills in community environments?
- Does the child avoid age-appropriate independent community travel because of his vision impairment?
- Do caregivers restrict community travel out of concern for the effects of the child's vision condition?
- Does the child have a positive attitude toward travel independence?
- Are directed experiences needed in order to learn specific spatial concepts or spatial vocabulary?
- Does the child need planned exposure to specific environments or activities in order to make progress with developmental skills or concepts?
- How do the child's current travel habits affect social interaction in the school environment?
- Does the child act appropriately in a variety of community social settings?
- Could the child's self-esteem be enhanced through improved travel skills?
- Does the child have the potential to travel more independently? More safely? Do they have the ability to travel to the same type of places as his peers?

Students with low vision often need sequential instruction and experiences to learn the best ways to use their residual vision for travel.

- Does the child have mobility needs related to functional use of low vision?
- How does low vision affect the child's ability to maintain orientation?
- Does fluctuating vision affect travel abilities?

- Do lighting variables affect the ability to travel safely or independently? Has the child been evaluated in low light conditions? In glare? At night? While transitioning between lighting conditions?
- Does the child need to learn skills to compensate for the effects of low vision in areas with traffic?
- Does the child need to learn skills to compensate for the effects of low vision in specific community environments?
- If the child uses a wheelchair, how does low vision affect wheelchair navigation and the ability to use accessibility options (elevators, power doors, ramps)?

Students with multiple disabilities can learn individualized compensatory skills to minimize dependence on others while traveling, even if additional physical and/or cognitive disabilities reduce the potential for truly independent travel.

- Has the mobility assessment considered appropriate mobility objectives that could lead toward reducing assistance? Increasing co-active participation? Improving environmental tolerance, such as adapting to a noisy cafeteria?
- For the child who has limited potential for travel independence has the IEP team considered ways to make travel time between school destinations a time for learning, as an alternative to travel passivity?
- Even if full assistance is required for mobility between classes, are there ways to actively involve the child with orientation in route? With anticipating, recognizing, or acknowledging mid-route location clues? With destination identification?

Children with normal vision learn much incidentally, through visual observation. Children who are blind or visually impaired may not develop certain concepts or skills incidentally; they will require explicit instruction.

- How has the child's vision condition affected the development of skills acquired incidentally by her peers?
- How has the child's vision condition affected the development of concepts acquired incidentally by his peers?
- What remedial attention is necessary to compensate for the lack of incidental learning?

The effective use of travel aids and tools can improve a child's mobility, safety, and orientation skills.

- Does the child who is blind have adequate cane skills to meet travel needs?
- Would the child who has low vision benefit from using a white cane for identification in traffic situations? For safety in certain environments? Under certain lighting conditions? In certain social environments?

- Could the child benefit from using a portable magnifier or telescope for near or distant viewing tasks (classroom boards/overheads, street signs, addresses, menus, bus/train schedules, price tags)?
- Does the child use sunshields to reduce glare or increase contrast? Are they meeting his needs?
- Are there vision-related wheelchair/walker adaptations that could improve the child's mobility/safety? Does the child's wheelchair/ walker need to be equipped with a means for carrying and displaying a white cane for street crossings?
- Does the child's vision affect decisions regarding the choice between a manual or motorized wheelchair?

Orientation and mobility skills are psychomotor skills with a range of competency levels (emerging, applied and generalized). Familiarity and environmental variables affect travel safety and independence. Competence is demonstrated by a student's ability to successfully generalize skills to a variety of environments.

- Has the child been observed traveling in multiple environments?
- Does the child generalize skills between environments?
- Can the child solve problems in multiple environments?
- How does the child respond when asked to travel in unfamiliar environments?
- Can the child travel equally well in adverse weather conditions or seasonal variations (rain, snow, wind, and fog)?
- Can the child familiarize herself to new environments?
- Can he/she maintain general orientation in unfamiliar environments?
Travel safely/efficiently in unfamiliar environments?
- Can the child effectively gather and use information relative to a travel objective in both familiar and unfamiliar environments?

Orientation and mobility skills develop over time. The need for orientation and mobility instruction may need to be included repeatedly over time in a student's IEPs. Safe, independent travel skills (especially traffic safety skills) cannot be learned in just a few lessons. Community travel skills are acquired and practiced through repeated exposure and application over a period of years. Orientation and mobility training is driven by both current and future needs.

- Is the child meeting current travel needs in all relevant environments?
- Is the child learning skills necessary to prepare for future travel needs?
Are the child's future travel requirements likely to include environments or situations that are more complex than he has had the opportunity to experience (extra-wide intersections with multiple turn lanes, multi-cycle left-turn-arrow signals, college campus environments, congested pedestrian traffic)?

- Is the child a future user of public transportation? Are additional experiences needed to prepare for that future need? Will the child need to learn to access or use information (read bus/train schedules, read signs, read menus, use public telephones, seek directions) to meet future travel needs?

VII. Need for Special Education [PI11.35 (2 &3)]

PI.11.35(2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Stats., that the child has an impairment under s. PI 11.36 that adversely affects the child's educational performance, and the child, as a result thereof needs special education and related services.

PI 11.35(3) As part of an evaluation or re-evaluation under s. 115.782, Wis. Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

(a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.

(b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.

(c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.

A disability under federal and state special education requirements means that the student meets the eligibility criteria for at least one of the impairments **and** has a "need" for special education. A student may meet the eligibility criteria for visual impairment; for example, but does not automatically have a need for special education. A tool for guiding the IEP team's discussion about need for special education can be found in the appendix. This tool is not required but may be useful in addressing the 3 issues related to need.

Throughout the determination of whether the student has an impairment, the IEP team has also been discussing the student's needs in relationship to program planning for the student. Once the IEP team has determined the impairment they now must make a decision in regards to whether the student needs special education and related services as the result of this impairment.

Need for special education is an important issue that is often overlooked. A student does not "automatically" need special education just because they meet the criteria of visual impairment.

The IEP team should ask questions such as:

"Why does this impairment and why do these needs require special education?"

If the IEP team determines that a child has an impairment and a need for special education, the child is then considered a child with a disability. "Disability" means impairment **plus** need for special education. The new rules have included a process to assist the IEP team in determining that the student needs special education.

The rules state that:

As part of an evaluation or re-evaluation conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

1. The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted. When discussing this the IEP team must remember that schools have an obligation to address through regular education some level of variability in the classroom. This first consideration requires the IEP team to scrutinize the regular education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match-mismatch between the student's needs and the regular education program. If there is a match between regular education and the child's needs then the IEP team may decide that the child may have an impairment but does **not** need special education. If the mismatch is too great to meet the student's needs, the IEP team's analysis is not finished. An example of this may be a child that is unable to complete any of the assignments on their own due to difficulty of assignments, needs assistance with self-help, and dressing skills.

The IEP team must go on to the next level of analysis. The law states the IEP team must identify:

2. Modifications, if any, that can be made in the regular education program, such as **adaptation of content, methodology, or delivery of instruction** to meet the child's needs identified under par. (a) that will allow the child to **access the general education curriculum and meet the educational standards that apply to all children**. It is not acceptable to take the position that the student must fit into the

regular education program as structured within the narrow limits. Schools have an obligation to adequately address a range of needs in all regular education programs. Flexibility, creativity, and strong teaching skills are part of the analysis.

As the IEP team starts to discuss modifications that may be needed in regular education, they should take into consideration the following:

- What is involved in implementing the modification? (Time to implement, time for training, preparation, short-term versus ongoing)
- Can the modification be used with more students than the student being evaluated?
- Is this modification based on the general education classroom curriculum?

Examples of adaptation of content include:

- tactile or Braille materials
- large print,
- magnification optical aids
- taped texts, and
- fewer items on worksheets.

Examples of adaptation of methodology include:

- changing how a concept is taught, such as teaching strategies needed to complete activities,
- using computer assisted software, and
- providing instruction in a variety of ways (visual, auditory, tactile).

Examples of delivery of instruction include:

- materials presented visually (i.e., boardwork) provided at student's seat
- small group versus large group instruction, and
- use of assistive technology.

Remember as the IEP team is reviewing the modifications that can be made in regular education that these will allow the student to access the general education curriculum and meet the educational standards that apply to all students. Changes that do not alter the expectations or general content of what is being taught are still considered the general education curriculum. If options can be provided relatively easily within the general education curriculum to address the child's needs and allow them to access the general curriculum and meet the standards that

apply to all children, the child is likely **not** to demonstrate a need for special education.

The last consideration the IEP team needs to address is modifications or additions, which are not provided through general education curriculum. The law states the IEP team must identify:

3. Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.

Does the student have needs not met in regular education even after that environment is carefully scrutinized and appropriate modifications are explored? If so, as the IEP team considers the student's needs, they will need to identify any instruction and supports outside of the regular education curriculum that the student would need.

Examples of additions or modifications that may be needed include, but are not limited to:

- **Braille instruction:** Depending on the age and pre-skills of a student, Braille may need to be taught in a different way or in addition to the general reading curriculum in a student's class. Braille can become an adaptation for some students after they have learned the skill.
- **Orientation and Mobility:** Moving around in a classroom, to different classrooms, through the lunch line, etc. is not general part of regular education. This may be a need for a student who is blind or visually impaired.
- **Additional Expanded Core Curriculum areas for Students with Visual Impairments:** A student with a visual impairment may need additional instruction in certain compensatory skills such as listening, study skills, etc. in order to be able to access and benefit from instruction in core curriculum areas. The may need instruction in the use of adaptations. Likewise, he/she may require instruction to learn basic concepts that are typically learned incidentally through sight in order for a student to participate meaningfully in all educational activities. All of the expanded core curriculum areas have a significant impact on a student's education and should be considered when determining the needs of a student.

APPENDICES

ELIGIBILITY CHECKLIST

The Wisconsin Department of Public Instruction provides an ELIGIBILITY CHECKLIST VISUAL IMPAIRMENT (Form ELG-VIS-001), which can be printed, downloaded and/or completed on their website: <http://dpi.wi.gov/sites/default/files/imce/forms/pdf/podelg-vis-001.pdf>

Need for Special Education

<input type="checkbox"/> Yes	1. Does the student have needs that cannot be met in regular education as structured? <i>(If yes, list the needs below. Use reverse side or attach additional pages if needed)</i>
<input type="checkbox"/> No	<i>(If no, there is no need for special education).</i>
<input type="checkbox"/> Yes	2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.) <i>If yes,</i> a) List modifications <u>that do not require special education</u> . <i>(Use reverse side of page or attach additional pages if needed)</i>
<input type="checkbox"/> No	b) List modifications <u>that require special education</u> . <i>(Use reverse side of page or attach additional pages if needed)</i>
<input type="checkbox"/> No	<i>(If no, go to question 3).</i>
<input type="checkbox"/> Yes	3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.) <i>(If yes, list below. Use reverse side of page or attach additional pages if needed)</i>
<input type="checkbox"/> No	In order for the IEP team to determine that the student needs special education, the IEP team must answer “yes” to question 1 AND list needs under 2B and/or 3.

Resources and Reference Material

Federal Register Part IV

U.S Department of Education

Educating Blind and Visually Impaired Students; Policy Guidance; Notice

June 8, 2000

<http://www.ed.gov/legislation/FederalRegister/other/2000-2/060800a.pdf>

Compendium of Instruments for Assessing the Skills and Interests of Individuals with Visual Impairments or Multiple Disabilities (Benoff, Lang, 86 Beck-Viisola, 2001) www.lighthouse.org/assessment/

Wisconsin National Agenda Documents

- Wisconsin Assessment and Curriculum Resources
- Expanded Core Curriculum
- Other brochures

Information available at the Wisconsin Center for the Blind and Visually Impaired

1-800-832-9784

www.wcbvi.edu

Blind and Visually Impaired Students, Educational Service Guidelines

National Association of State Directors of Special Education

Hilton/ Perkins Program

Pugh, G.S., 86 Erin, J (Eds) 1999

Information on following resources can be found at:

<http://www.afb.org/publications.asp>

The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities

AFB Press 1995

Looking to Learn Promoting Literacy for Students With Low Vision

Frances Mary Andrea and Carol Farrenkopf, Eds

AFB, New York 2000

Foundations of Low Vision: Clinical and Functional Perspectives

Anne L Corn and Alan J Koenig, Eds

AFB, New York 1996

Program Planning and Evaluation for Blind and Visually Impaired Students

National Guidelines for Educational Excellence

Jack Hazekamp and Kathleen Mary Huebner

AFB, New York 1996

Information on following resources can be found at:

<http://www.tsbvi.edu/publications/index.htm>

Low Vision

A Resource Guide with Adaptations for Students with Visual Impairments

Nancy Levack, Texas School for the Blind, 1994

Learning Media Assessment of Students with Visual Impairments:

A Resource Guide

Alan J. Koenig and M. Cay Holbrook

TSBVI, 1995