



**Northwest Regional Program**

5825 NE Ray Circle  
Hillsboro, OR 97124  
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**LEARNING MEDIA ASSESSMENT**

Student:	DOB:
Evaluator:	Date:
Current Reading/Learning Modes:	<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Tactual

**STUDENT CHARACTERISTICS**

Age:	Additional Disabilities:
Is student's cognitive level tested/observed to be at grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student able to keep up with their peers academically?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT EDUCATIONAL PLACEMENT**

Grade:		
Placement:	Does the student have an assistant?	Type of Literacy Program:
<input type="checkbox"/> Regular Classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conventional Literacy (Academic Student)
<input type="checkbox"/> Resource Room Support	# of hours daily	<input type="checkbox"/> Functional Literacy (Student with Additional Disabilities)
<input type="checkbox"/> Self-contained classroom		<input type="checkbox"/> Other Communication Program (Student is functioning at such a level that a conventional or functional literacy program is not now appropriate)
<input type="checkbox"/> Other		

**EYE REPORT**

Diagnosis:	
Prognosis:	Any other factors that interfere with visual functioning?
Corrective Lenses:	
Field Loss:    Yes    No    Describe:	
Acuity Fluctuation:    Yes    No    Describe:	
Visual Acuity: Near                      Distance	

**MECHANICAL FACTORS**

**VISUAL**

**Pre-reading or Functional Literacy Program**

Demonstrates interest in pictures in books?  Yes  No  NA

Discriminates likeness and differences in pictures?  Yes  No  NA

Time before visual fatigue:

Posture when viewing:

Lighting Considerations:

**Reading**

Reading Level: Rate (wpm): Accuracy:

Comprehension: Print Size:

Low Vision aid:  Yes  No Type: Power:

Working distance from page:

Time before visual fatigue:

Posture when viewing:

Lighting Considerations:

**Writing**

Is the student able to read his or her own handwriting effectively?  Yes  No

Is handwriting a viable mode of written communication?  Yes  No

Is the student able to take notes efficiently?  Yes  No

**AUDITORY**

Is there a hearing loss?  Yes  No Explain:

*Auditory Assessment Results:*

Auditory

Memory:

Auditory

Discrimination:

Auditory

Comprehension:

Functional use of a tape recorder?  Yes  No Comments:

**TACTILE**

**Braille Readiness Skills**

Finger sensitivity/potential for reading Braille?  Yes  No

Hand/finger dexterity for writing Braille?  Yes  No

Is able to discriminate likeness and difference tactually?  Yes  No

**Braille Reading**

Reading Level: Rate: Accuracy: Comprehension:

Physical Dexterity (Able to hold book, turn page, head control, etc.) Comments:

**SOCIAL FACTORS**

**Braille**

- Does the child want to learn Braille?       Yes    No    NA  
 Do the parents want the child to learn Braille?       Yes    No    NA

**Large Print**

- Does the child want to use the adaptations?       Yes    No    NA  
 Do the parents support the use of adaptations?       Yes    No    NA

**Auditory**

- Does the child want to use the adaptations?       Yes    No    NA  
 Do the parents support the use of adaptations?       Yes    No    NA

**TEAM RECOMMENDATIONS**

**Recommended Reading/Learning Modes:**

- Visual:*       Regular Print     Large Print       Regular Print w/Magnification       Picture Symbols  
*Auditory:*     Tapes             Reader             Voice Output  
*Tactual:*       Braille             Tactual Object/Touch Cues

*Writing Mode:*

Comments:

	Name	Agree	Disagree	Signature
Vision Specialist		<input type="checkbox"/>	<input type="checkbox"/>	
Parent		<input type="checkbox"/>	<input type="checkbox"/>	
Classroom Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
District Rep		<input type="checkbox"/>	<input type="checkbox"/>	
Regular Ed Teacher		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	