



Student: _____ DOB: _____
 Evaluator: _____ Date: _____
 Current Reading/Learning Modes: Visual Auditory Tactual

STUDENT CHARACTERISTICS

Age: _____ Additional Disabilities: _____
 Is student's cognitive level tested/observed to be at grade level? Yes No
 Is the student able to keep up with their peers academically? Yes No

CURRENT EDUCATIONAL PLACEMENT

Grade: _____

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

EYE REPORT

Diagnosis: _____

| | |
|--|---|
| Prognosis: <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/> Uncertain | Acuity Fluctuation: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ |
| Visual Acuity: Near: _____ Distance: _____ | Field Loss: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ |

Corrective Lenses: Not Needed To be worn constantly Close work only

Any other factors that interfere with visual functioning? _____

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Do the parents want the child to learn Braille? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Large Print | | | |
| Does the child want to use the adaptations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Do the parents support the use of adaptations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Auditory | | | |
| Does the child want to use the adaptations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| Do the parents support the use of adaptations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

TEAM RECOMMENDATIONS

| | | | | |
|--|--|--|--|--|
| Recommended Reading/Learning Modes: | | | | |
| <i>Visual:</i> | <input type="checkbox"/> Regular Print | <input type="checkbox"/> Large Print | <input type="checkbox"/> Regular Print w/Magnification | <input type="checkbox"/> Picture Symbols |
| <i>Auditory:</i> | <input type="checkbox"/> Tapes | <input type="checkbox"/> Reader | <input type="checkbox"/> Voice Output | |
| <i>Tactual:</i> | <input type="checkbox"/> Braille | <input type="checkbox"/> Tactual Object/Touch Cues | | |
| <i>Writing Mode:</i> _____ | | | | |

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"/> | |