



**Northwest Regional Program**  
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**LEARNING  
 MEDIA  
 ASSESSMENT**

**ANNUAL REVIEW CHECKLIST**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Date of most recent Learning Media Assessment: \_\_\_\_\_

Learning Medium  
 recommended at that time:

1. Has there been a significant change in vision which will impact current learning medium? If yes, explain below

2. Has there been a significant change in the student's functional learning abilities? If yes, explain below

3. Are there any other factors which lead the Team to question the appropriateness of current learning medium? If yes, explain below

If the Team answers "Yes" to any of the questions above, further assessment is needed in that area and a LMA report should be written.

If the Team answers "No" to all of the questions, the current learning medium continues to be appropriate.

\_\_\_\_\_ Vision Specialist  
 \_\_\_\_\_ Parent  
 \_\_\_\_\_ District Representative  
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