



**Northwest Regional Program**  
 5825 NE Ray Circle  
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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: \_\_\_\_\_

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1. Has there been a significant change in vision which will impact current learning medium? NO: \_\_\_\_\_ YES: \_\_\_\_\_ If yes, explain below

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2. Has there been a significant change in the student's functional learning abilities? NO: \_\_\_\_\_ YES: \_\_\_\_\_ If yes, explain below

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3. Are there any other factors which lead the Team to question the appropriateness of current learning medium? NO: \_\_\_\_\_ YES: \_\_\_\_\_ If yes, explain below

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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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