

Student's Name _____

VISUAL IMPAIRMENT/BLINDNESS

VI. ELIGIBILITY CRITERIA AND EVALUATION

	<i>JSD Requirements</i>	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
1b	Psychological Report in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD3	Adaptive Behavior Assessment				
3a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
D3b	Home Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD4	Social/Emotional/Behavior Assessment				
4a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
4b	Home Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD5	Language/Communication Assessment				
5a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
5b	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
VISUAL IMPAIRMENT/BLINDNESS: Eligibility Criteria					
VI/B.A 2	Other impairments interfere with comprehension: When classifying a student as visually impaired, the IEP team must consider whether other impairments interfere with the comprehension of visual and/or auditory stimuli. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:				
VISUAL IMPAIRMENT/BLINDNESS: Evaluation					
VI/B.B 1	Multiple measures used: Multiple measures (formal and informal) must be used to assess all areas of suspected deficits (e.g., educational, adaptive, behavioral, physical). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
VI/B.B 2	Visual impairment capabilities from qualified eye care professional included: A description of the student's visual impairment and visual capabilities must be on record from a qualified eye care professional . <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
A qualified professional must assess:					
VI/B. B3a	Instructional needs based on present levels of performance: The kind and extent of instruction needed , based on the student's present level of performance, including the functioning level of the student in adjusting to visual problems and gaining educational and social successes. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
VI/B. B3b	Student's need for Braille instruction: The student's current and future need for instruction in Braille or the use of Braille: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
VI/B.B 4	O&M assessed: Orientation and Mobility (O & M) must be assessed if the student is determined to be blind or visually impaired. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
