COMPLIANCE VERIFICATION FORM

Visual Impairment

07-2 AAC Criteria

Student’s Name ___________________________  Reviewer ___________________________  Date _______________________

<table>
<thead>
<tr>
<th>Visual Impairment Evaluation requirements</th>
<th>EVAL</th>
<th>ELIG RPT</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1. Hearing Screening  P_____ F_____ Follow-Up _____</td>
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<td>2. Optometric and/or ophthalmic evaluation indicating that the individual has a visual impairment.</td>
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<td>3. Documentation of educational problems that, even after appropriate accommodations, the disability continues to affect educational performance. Educational problems may be assessed by a certified vision specialist through one or more of the following:</td>
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<td>(i) Learning Media Assessment,</td>
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<td>(ii) Functional Vision Assessment, and/or</td>
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<td>(iii) Orientation and Mobility Evaluation.</td>
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The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

Documentation that the child was provided appropriate instruction in regular education settings

[ ] Yes  [ ] No

Documentation that instruction was delivered by qualified personnel

[ ] Yes  [ ] No

Prong 2

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction

[ ] Yes  [ ] No

Documentation above was provided to the parent

[ ] Yes  [ ] No

At Every Reevaluation

Documentation that instruction was delivered by qualified personnel

[ ] Yes  [ ] No

Updated 07/24/2020