

COMPLIANCE VERIFICATION FORM

Visual Impairment

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

Visual Impairment Evaluation requirements	EVAL		ELIG RPT		N/A	COMMENTS
	YES	NO	YES	NO		
1. Hearing Screening P ____ F ____ Follow-Up ____						
2. Optometric and/or ophthalmic evaluation indicating that the individual has a visual impairment.						
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:						
(i) Learning Media Assessment,						
(ii) Functional Vision Assessment, and/or						
(iii) Orientation and Mobility Evaluation.						

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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |

Prong 2

- | | | |
|---|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |