Your School/District _____

Your City _____ SpEd 5m 04.08

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Visual Impairment (Including Blindness)

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: An impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness that adversely affects a student's educational performance.

☐ **All requirements of Rule II.J.13 must be documented below or attached.**

☐ **A description of student's visual impairment and visual capabilities from a qualified eye professional is attached.**

Are there other impairments that interfere with visual stimuli? ☐ Yes ☐ No

(Describe:_____**)**

Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.

1. Assessments in all areas of the suspected deficits as determined by the team (mark N/A if team determined as not needed):
   - Educational _____
   - Adaptive _____
   - Behavioral _____
   - Physical _____
   - Other _____
2. Functioning level in adjustment to visual problems
   And gaining educational and social successes _____
3. Student's current and future need for
   instruction in Braille or the use of Braille _____
4. Orientation and
   Mobility Assessment _____
5. Information
   from parents _____
   - Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
   - Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

Written Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the eligibility team proposes the following action:

☐ This student has a Visual Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.

☐ This student does **not** have a Visual Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

_____ _____

Special Education Teacher Signature Date | Parent/Adult Student Signature Date
(signature acknowledges receipt of copy)

_____ _____

Signature Date | Signature Date

*Note: If parent/adult student signature is missing, then parent/adult student: ☐ Did not attend (document efforts to involve parent/adult student) **OR**

☐ Participated via telephone, video conference or other means **AND** ☐ Copy of this document was mailed to parent/adult student on (date)_____