

## **Procedure: Clinical Low Vision Evaluation**

### **Region 17 Education Service Center Supplemental Funds for Students with Visual Impairments**

ESC 17 Contacts:	Deanne Goen, Education Specialist	806-281-5712
	Alma Reinhart, VI Support Staff	806-281-5701

- The ARD Committee makes a recommendation and documents in the ARD minutes that a low vision evaluation is needed for a student.
- The VI teacher completes the "Request for Clinical Low Vision Evaluation Form".
- A check box is provided on the form verifying that this request is from the ARD Committee and documented in the minutes of that ARD meeting.
- The date of the ARD is required on the form.
- The "Request for Clinical Low Vision Evaluation Form" must be signed by the Special Education Director of the SSA or District.
- Send the completed request to the VI support staff at ESC 17.
- The VI support staff will schedule an appointment with Texas Tech University Health Sciences Center, Department of Ophthalmology and Visual Sciences on a first come, first served basis. A copy of the "Request for Clinical Low Vision Evaluation Form" will be sent to TTUHSC prior to the appointment providing information for the doctor.
- The VI support staff will notify the VI teacher of the appointment date and time in order to follow-up with the parents/guardian about the procedure and transportation.
- 2 weeks prior to the appointment the VI support staff will mail an informative letter to the parents/guardian. The Special Education Director and VI teacher will receive a copy of this letter.
- The report from the low vision evaluation will be sent to ESC 17. The report will be sent to the Special Education Director and copies will be sent to the VI teacher and Deanne Goen.
- Deanne Goen will review recommendations noted on the report and will approve appropriate low vision devices that can be funded with SSVI funds. Funds are not available for glasses or contact lenses.
- The VI support staff will order approved devices when needed with documentation to the Special Education Director and VI teacher. The VI teacher will be notified of the receipt of the devices.

**Region 17 ESC Request for Clinical Low Vision Evaluation**  
Low vision evaluation requests to ESC 17 should only be made every three years.

☐ Please check this box verifying that a clinical low vision evaluation was recommended for this student by the ARD Committee and is documented in the ARD minutes dated \_\_\_\_\_.

<b>Student Name</b>	<b>Date of Birth</b>
<b>Parent/Guardian Name</b>	<b>Address</b>
<b>Parent Mobile Phone</b>	<b>City, Zip</b>
<b>Parent Email</b>	<b>School District</b>
<b>VI Teacher</b>	<b>School Campus</b>

**Concerns about Near Vision Skills**

Problems with reading? Yes No Describe:
Problems with writing? Yes No Describe:
Problems with technology in the classroom? Yes No Describe:
Other problems with near vision? Yes No Describe:

**Concerns about Distance Vision Skills**

Problems with reading the chalkboard/whiteboard? Yes No Describe:
Problems with writing notes from overhead projector? Yes No Describe:
Problems with avoiding obstacles when traveling? Yes No Describe:
Other problems with distance vision? Yes No Describe:

**Required Signature of SSA/District Special Education Director:** \_\_\_\_\_