| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
|  |  |  |

**Comprehensive Evaluation**

If a child is suspected of having a visual impairment, a comprehensive evaluation must be conducted for early intervention services including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

1. The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and any previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

2. Documentation of a vision examination as defined in OAR 581-015-2000. The vision examination indicates:

The child has a visual impairment that is uncorrectable by medical treatment, therapy, or lenses.

The vision examination results are inconclusive and the child demonstrates inadequate use of residual vision.

| **Ophthalmologist or Optometrist** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

3. A functional vision assessment conducted by a teacher of the visually impaired to identify the child’s educational and compensatory needs, including a functional assessment of the child’s residual visual acuity or field of vision.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

4. Any additional assessment determined by the evaluation team to be necessary to determine the impact of the suspected disability on the child's developmental progress.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

**Eligibility Criteria**

To be eligible as a child with a visual impairment, the child must have an impairment in vision that, even with correction, adversely affects the child’s development. The term visual impairment includes low vision, total blindness, limited visual acuity after correction, restricted visual field, and progressive eye conditions.

| **Eligibility Determination**  The team has determined that: | | |
| --- | --- | --- |
| The child has a visual impairment as described in this rule; and | Yes | No |
| By reason thereof, the child requires early intervention services (OAR 581-015-2780). | Yes | No |

The team determined that this child:

Does qualify for early intervention services with an eligibility of visual impairment.

Does not qualify for early intervention services with an eligibility of visual impairment.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

A copy of the evaluation report and the eligibility statement has been provided to the parent(s)

**This form is used to:**

Document whether the child meets the eligibility criteria for visual impairment and the basis for that determination in accordance with 34 CFR §300.8, OAR 581-015-2780, and OAR 581-015-2180.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-established.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

**Directions:**

Enter the date the form was completed by the team.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

Place a copy of this form with all attachments into the child’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

*Note:* If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of each evaluation.