

Blind-Low Vision (BLV) Teacher/Consultant’s Summary Report

Visual impairment teacher/consultant:

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| Date: |       | School: |       |
| Student name: |       | ID#: |       |
| Date of birth: |       | Grade: |       |

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| **Date** | **Test** | **Results** |
|    | Functional Vision Assessment |  |
|  | Functional Literacy Assessment |  |

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| **Areas of Visual Impairment** |
| Eye condition | Visual acuity distance/near  | Visual field | Visual cortex (processing) | Oculomotor | Contrast sensitivity |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Other Assessment Date** |
| Visual skills (fixation, tracking, convergence, scanning, etc.) |  |
| Interview/observations |  |
| General mobility skills |  |

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| **Summary and suggestions** |
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Individual evaluation was conducted in the student’s native language or other communication mode used by the student:

[ ]  Yes

[ ]  No

Evaluator’s initials: