CLINICAL COMPETENCY EVALUATION FORM

NOTE: One form must be completed jointly by both the low vision eye care specialist (MD/OD) and CLVT supervisor. Upon completion, please seal in an envelope. The signature of one of the supervisors should be written across the seal. Provide the sealed, signed envelope to the applicant for submission to the ACVREP office.

The purpose of completing the Clinical Competency Evaluation Form by the eye care specialist and CLVT supervisor is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for certification as a Low Vision Therapist through ACVREP.

The applicant's successful completion of the 350-hour discipline specific practice requirement will be determined via pass/fail for the following 21 competencies. S/he is required to have received a "pass" on each of the 21 competencies. S/he is also required to have practiced a minimum of 350 hours in an interdisciplinary low vision service delivery system. The practicum experience may include, but is not limited to, direct service, observation, reports, telephone calls, and meetings.

Objectives of Performance Rating:
1.   To determine the knowledge and clinical skills in the area of low vision therapy.
2.   To objectively evaluate the applicant's overall performance as an eligibility requirement for professional certification in low vision therapy.

Applicant's Name: _____

Name of Agency/Clinic: _____

Dates of Practice under CLVT Supervision:

From: _____ **To**: _____

If part-time clinical practice, please indicate the number of hours per week and the dates of the clinical practice.

Hours per week: _____

Dates of Clinical Practice: _____ to _____

If the CLVT applicant has completed the required clinical practice (350 hours) at more than one agency/clinic, please list the additional agencies/clinics: (Name of agencies/clinics, addresses, phone numbers, dates of practice).

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DIRECTIONS: For each competency listed below, please indicate whether the applicant passed or did not pass. All competencies require a rating and all competencies must be passed for the applicant to sit for the CLVT examination.

Competencies: Did the applicant…	Pass Yes/No	Comments
1. Demonstrate appropriate interpersonal relationships and the ability to work closely with colleagues and community professionals as a member of the interdisciplinary low vision team?		
2. Demonstrate a professional attitude and ethical behavior?		
3. Demonstrate a working knowledge of teaching and learning principles?		
4. Demonstrate the ability to assess the visual environment, provide appropriate environmental adaptations, and teach the use of environmental cues for using vision?		
5. Demonstrate an ability to interpret assessment data provided by professionals from a variety of disciplines?		
6. Demonstrate the ability to understand and utilize information from the clinical low vision examination?		
7. Demonstrate the ability to administer vision assessments and interpret results appropriately?		
8. Demonstrate the ability to assess and evaluate learners' needs and abilities in a variety of environments?		
9. Demonstrate the ability to assess the learners' effective use of low vision devices?		
10. Demonstrate the ability to plan appropriate goals for enhancing visual functioning with and without optical devices?		
11. Demonstrate the ability to select, design, and implement a sequential instructional plan?		
12. Demonstrate a working knowledge of the effects		

of disabling co-morbidities?		
13. Demonstrate knowledge of community, state, and national resources for vision education/rehabilitation?		
14. Demonstrate the ability to teach visual skills including fixation, localization, scanning, tracing and tracking to numerous learners with low vision for a variety of everyday tasks?		
15. Demonstrate the ability to record data, keep timely and accurate records, and participate in staff meetings?		
16. Demonstrate the ability to make appropriate referrals to other professionals and acquire/provide resources to address a variety of needs of learners who have visual impairments?		
17. Demonstrate the ability to design and implement low vision intervention programs for everyday tasks that are appropriate to the age, developmental level, and goals of the learners?		
18. Demonstrate the ability to instruct learners in the appropriate use of optical, electronic, and non-optical low vision devices?		
19. Demonstrate the ability to teach or refer for the use of alternative media or senses for tasks that are not efficiently or safely accomplished using vision?		
20. Demonstrate the ability to write appropriate reports of the learners' progress in reaching the goals and objectives of their vision education/rehabilitation programs?		
21. Demonstrate the ability to evaluate outcomes of intervention and provide appropriate follow-up?		

I would _____ would not _____ recommend the applicant for ACVREP certification.
(To Be Completed by CLVT Supervisor)

Statement of Integrity**:** I, acting in the capacity of the internship supervisor of record, do hereby acknowledge that all the information submitted on this form is true and correct to the best of our knowledge and was completed in accordance with the Low Vision Therapist Code of Ethics (see Section 6 of the Low Vision Therapist Certification Handbook). We understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.

Furthermore, I, the undersigned, verify that the applicant has met the above competencies as indicated under our supervision. *We also verify that the applicant has completed a _____ hour LVT internship under our supervision.*

_____   _____
Signature of CLVT Supervisor   Date

_____   _____
Name (please print)   Title

_____   _____
Address   Telephone

_____
Email address

If the internship was off-site, please answer the following questions:

1. How many hours of direct supervision were actually provided? _____
2. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? _____ Yes _____ No

If yes, please list your suggestions:

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