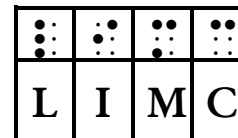




LOUISIANA INSTRUCTIONAL MATERIALS CENTER
FOR THE BLIND AND VISUALLY IMPAIRED
1230 Government Street
Baton Rouge, LA 70802-4839
225-219-1686 Depository
225-219-1684 FAX
LIMC1@lsvi.org



LIMC provides instructional materials to students with visual impairments throughout Louisiana. In order to determine/maintain eligibility for service, parents, school officials, and eye care specialists must provide appropriate information. Funding for this program comes from the federal *Act to Promote the Education of the Blind* and a state allocation to the Louisiana School for the Visually Impaired. The nature of the funding does not permit the depository to serve students without a visual impairment. Students with dyslexia must be served by the local education agencies. Eligibility criteria as outlined in *Bulletin 1508: Pupil Appraisal Handbook* are reprinted on the reverse side of this form for your convenience.

To School Officials:

Please fill out the student information section of the form. Be sure to complete the student's name on the first line of the second page. If you want the vision care specialist to return the completed form to you, place your address information on the bottom right hand corner of the second page. If you wish the form to be sent directly to LIMC, check the appropriate box. Your assistance in providing information is appreciated. The following information is needed:

- ✓ Student Name: *Last Name, First Name;*
Do not use nicknames.
- ✓ Social Security Number
- ✓ Date of Birth
- ✓ Primary Reading Medium
- ✓ Parish/LEA: *The school district borrowing the material*
- ✓ School Attended: *List the school where the student is physically enrolled. If homeschooled, enter "Homeschooled"*
- ✓ Placement
- ✓ Program Type
- ✓ School Representative

To Parent/Guardian:

Please sign and date the release form. Take this form to your child's eye care specialist. Follow any other instruction given to you by your local school.

To Eye Care Specialist:

Please provide adequate information. Do not substitute other forms or reports.

Complete information is needed to:

- ✓ Verify legal blindness through acuity or restricted field
- ✓ Verify partial sight according to acuity
- ✓ Provide history and prognosis
- ✓ Verify progressive loss of vision or other blindness resulting from a medically documented condition if student is neither legally blind nor partially sighted.
- ✓ Provide physician's contact information and date of exam

Visual Impairment

- I. **Definition:** *Visual Impairment* (including blindness) means an impairment in vision that even with corrections, adversely affects a student's educational performance. The term includes both partial sight and blindness.
- II. **Criteria for Eligibility:** (Criterion A and either B, C, D, or E must be met.)
 - A. Loss of vision which significantly interferes with the ability to perform academically and which requires the use of specialized textbooks, techniques, materials, or equipment.
AND
 - B. Visual acuity in the better eye or eyes together with best possible correction of
 1. Blindness – 20/200 or less distance and/or near acuity, **OR**
 2. Partial sight – 20/70 or less distance and/or near acuity. **OR**
 - C. Blindness due to a peripheral field, so contracted, that the widest diameter of such field subtends an angular distance no greater than 20 degrees and that it affects the student's ability to learn. **OR**
 - D. Progressive loss of vision which may, in the future, alter the student's ability to learn. **OR**
 - E. Other blindness resulting from a medically documented condition.

**Complete and legible forms usually result in speedier services.
Your thoroughness is greatly appreciated.**

Registry for Students with Visual Impairments

| | | |
|---------------|--|-------------|
| PARENT | Release of Information: Permission is given for this information to be released to any agency/person requesting it as well as to said professional agency/person to forward such information to related agencies or persons. | |
| | Signature of Parent or Guardian | Date |

| | | | | | |
|------------------------------|---|--|---|--|--|
| SCHOOL OFFICIAL | Student | | Date of Birth | | |
| | Parish/LEA | | School | | |
| | Reading Media Check all that apply <input type="checkbox"/> Prereader <input type="checkbox"/> Computer <input type="checkbox"/> Optical aids <input type="checkbox"/> Braille <input type="checkbox"/> Print <input type="checkbox"/> Auditory <input type="checkbox"/> Nonreader | Placement <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Second Grade <input type="checkbox"/> Third Grade <input type="checkbox"/> Fourth Grade | <input type="checkbox"/> Fifth Grade <input type="checkbox"/> Sixth Grade <input type="checkbox"/> Seventh Grade <input type="checkbox"/> Eighth Grade <input type="checkbox"/> Ninth Grade <input type="checkbox"/> Tenth Grade <input type="checkbox"/> Eleventh Grade <input type="checkbox"/> Twelfth Grade <input type="checkbox"/> Postgraduate | <input type="checkbox"/> Academic Nongraded/Alternative Assessment <input type="checkbox"/> Pre-vocational for Student with Multiple Disabilities <input type="checkbox"/> Vocational <input type="checkbox"/> Adult (All students 21 and older) <input type="checkbox"/> Other (describe) | |
| | | | | Program Type <input type="checkbox"/> Public School/Charter School <input type="checkbox"/> Private/Parochial School <input type="checkbox"/> Homeschool | |
| School Representative | | Title | | Phone Number | |

| | | | | | | | | | |
|---|--|-----------------------------|----------------------------|---------------------------|-----------------------------|----------------------------|---------------------|--------------------------|-------------|
| OPHTHALMOLOGIST/OPTOMETRIST | One box must be checked to establish eligibility | | | | | | | | |
| | This student has loss of vision significantly interfering with the ability to perform academically and requires the use of specialized textbooks, techniques, materials, or equipment. | | | | | | | | |
| | The student | | | | | | | | |
| | <input type="checkbox"/> is legally blind (corrected acuity of 20/200 or less in the better eye or eyes together or a peripheral field so constricted that the widest diameter of such field subtends an angular distance no greater than 20 degrees) Visual Field OD _____ Visual Field OS _____ | | | | | | | | |
| | <input type="checkbox"/> functions at the definition of blindness where visual functioning is reduced by a brain injury or dysfunction and visual acuity is not possible to determine using the Snellen Chart | | | | | | | | |
| | <input type="checkbox"/> is partially sighted with corrected acuity of 20/70 or less | | | | | | | | |
| | <input type="checkbox"/> suffers a progressive loss of vision which may in the future affect the student's ability to learn | | | | | | | | |
| | <input type="checkbox"/> exhibits blindness resulting from an active disease process | | | | | | | | |
| | SPECIFY: | | | | | | | | |
| | Primary Ocular Condition: | | | | | Secondary Diagnoses: | | | |
| <i>Visual Acuity: Use Snellen Notation and AMA Reading Card</i> | | | | | | | | | |
| | Distant Vision | | | Near Vision | | | Prescription | | |
| | Without Correction | With Best Correction | With Low Vision Aid | Without Correction | With Best Correction | With Low Vision Aid | Sph. | Cyl. | Axis |
| Right Eye OD | | | | | | | | | |
| Left Eye OS | | | | | | | | | |
| Both Eyes OU | | | | | | | | | |
| Signature of Physician | | | | | | Date of Exam | | Date of Next Exam | |
| Name of Examiner | | | | | | Title | | | |
| Address | | | | | | | | | |
| City, State, and ZIP | | | | | | Phone | | FAX | |

| | | | |
|---|---|--|--|
| OPHTHALMOLOGIST/OPTOMETRIST | Student's Name | | Exam Date |
| | <h2 style="margin: 0;">History</h2> | | |
| | Probable age at onset of visual impairment | | |
| | | | |
| | History of surgeries, injuries, etc. | | |
| | | | |
| | Color Perception: <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown | | |
| | Binocular Functioning: <input type="checkbox"/> Normal <input type="checkbox"/> Not Present <input type="checkbox"/> Unknown | | |
| | There are problems with | | |
| | <input type="checkbox"/> Photophobia <input type="checkbox"/> Night Blindness <input type="checkbox"/> Ocular Motility <input type="checkbox"/> Cortical Visual Impairment | <input type="checkbox"/> Intraocular Pressure <input type="checkbox"/> Central Field/Central Acuity Loss <input type="checkbox"/> Possibility Of Retinal Detachment | <input type="checkbox"/> Patching better eye Duration _____ (months) <input type="checkbox"/> Other (Specify below) |
| | Prognosis and Recommendations | | |
| | Pupil's visual impairment considered to be <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/> Capable of improvement <input type="checkbox"/> Uncertain <input type="checkbox"/> Permanent | Glasses/contacts are <input type="checkbox"/> Not needed <input type="checkbox"/> To be worn constantly <input type="checkbox"/> For class work only <input type="checkbox"/> Worn for safety | Physical Activity <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted as follows: _____ |
| Visual Field (Record Results on chart below) | | | |
| | | | |
| Type of Test Used | | Illumination in foot/candles | |
| Test Objects: (Colors) _____ Sizes _____ | | Test Objects: (Colors) _____ Sizes _____ | |
| Distance(s) | | Distance(s) | |

Notes:

Upon completion, please return this form to the address checked below

| | |
|---|--------------------------|
| <input type="checkbox"/> Louisiana Instructional Materials Center 1230 Government St. Baton Rouge, LA 70802 FAX 225-219-1684 | <input type="checkbox"/> |
|---|--------------------------|