LOUISIANA INSTRUCTIONAL MATERIALS CENTER
FOR THE BLIND AND VISUALLY IMPAIRED
2888 B Brightside Lane
Baton Rouge, LA 70820
225-775-3478 Depository
225-757-3477 FAX
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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
- ✓ Indicate if the student has a hearing loss

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

Excerpt from Bulletin 1508: Pupil Appraisal Handbook; *Revised 2000*

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
- ❑ Prereader
- ❑ Computer
- ❑ Optical aids
- ❑ Braille
- ❑ Print
- ❑ Auditory
- ❑ Nonreader

Placement
- ❑ Infant/Toddler
- ❑ Preschool
- ❑ Kindergarten
- ❑ First Grade
- ❑ Second Grade
- ❑ Third Grade
- ❑ Fourth Grade
- ❑ Fifth Grade
- ❑ Sixth Grade
- ❑ Seventh Grade
- ❑ Eighth Grade
- ❑ Ninth Grade
- ❑ Tenth Grade
- ❑ Eleventh Grade
- ❑ Twelfth Grade
- ❑ Postgraduate
- ❑ Academic Nongraded/Alternative Assessment
- ❑ Pre-vocational for Student with Multiple Disabilities
- ❑ Vocational
- ❑ Adult (All students 21 and older)
- ❑ Other (describe)

Program Type
- ❑ Public School/Charter School
- ❑ Private/Parochial School
- ❑ 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
- ❑ 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 _____
- ❑ 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
- ❑ is partially sighted with corrected acuity of 20/70 or less
- ❑ suffers a progressive loss of vision which may in the future affect the student's ability to learn
- ❑ exhibits blindness resulting from an active disease process

*****PLEASE INDICATE IF THIS IS A PERMANENT EYE CONDITION. Yes ____ No ____**
SPECIFY:

Primary Ocular Condition: | Secondary Diagnoses:

Visual Acuity: *Use Snellen Notation and AMA Reading Card*

	Distant Vision			Near Vision			Prescription		
	Without Correction	**With Best Correction**	**With Low Vision Aid**	**Without Correction**	**With Best Correction**	**With Low Vision Aid**	**Sph.**	**Cvl.**	**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**

OVER

OPHTHALMOLOGIST/OPTOMETRIST

Student's Name	Exam Date

History

Probable age at onset of visual impairment

History of surgeries, injuries, etc.

Color Perception: ☐ **Normal** ☐ **Decreased** ☐ **Unknown**

Binocular Functioning: ☐ **Normal** ☐ **Not Present** ☐ **Unknown**

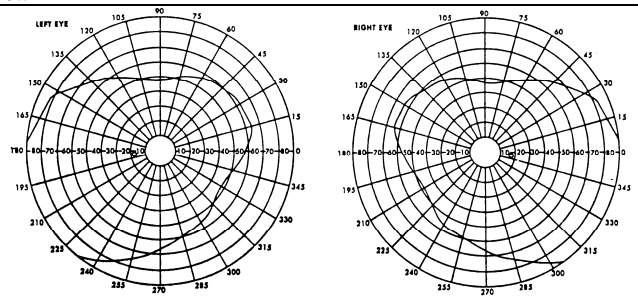
There are problems with

❑ Photophobia	❑ Intraoccular Pressure	❑ Patching better eye
❑ Night Blindness	❑ Central Field/Central Acuity Loss	Duration _____(months)
❑ Ocular Motility	❑ Possibility Of Retinal Detachment	❑ Other (Specify below)
❑ Cortical Visual Impairment		

Prognosis and Recommendations

Pupil's visual impairment considered to be	Glasses/contacts are	Physical Activity
❑ Stable	❑ Not needed	❑ Unrestricted
❑ Deteriorating	❑ To be worn constantly	❑ Restricted as follows:_____
❑ Capable of improvement	❑ For class work only	
❑ Uncertain	❑ Worn for safety	
❑ Permanent		

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

☐ Louisiana Instructional Materials Center 2888 B Brightside Lane Baton Rouge, LA 70820 FAX 225-775-3479	☐

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