



Charles F. Mahoney, Jr.
Executive Director

Fayette-Greene-Washington

Intermediate Unit 1

One Intermediate Unit Drive
Coal Center, PA 15423-9642
Telephone 724-938-3241 Fax 724-938-8722
www.iu1.org

VISION SUPPORT PROGRAM FUNCTIONAL VISION EVALUATION

Student Name: _____ Date: _____
School: _____ School District: _____
Grade: _____ DOB: _____ TVI: _____

FUNCTIONAL MEDIA ASSESSMENT

The purpose of an educational functional vision evaluation is to determine how a student functions visually in the school environment. This assessment addresses the student's individual visual needs and their educational implications.

I. MEDICAL INFORMATION

Name of Eye Doctor: _____

Eye Examination Date: _____

Diagnosis: _____

Prognosis: Stable _____ Deteriorating: _____ Fluctuating: _____

Visual Acuity: (with glasses)

Distance: OD _____ OS _____ OU _____

Near: OD _____ OS _____ OU _____

Field Restriction: Y / N Degree: _____

BACKGROUND

II. VISUAL ACUITY**A. Near Vision**

Near Vision Chart, Reading Chart, Observations. This includes viewing tasks less than 16 inches.

Educational Implications: Involves activities such as reading, writing, artwork & using calculator.

Can see the following print size at noted distances:

36 point print		
33 point print		
24 point print		
18 point print		
14 point print		
12 point print		

Near Vision Acuity (tested by TVI):

Test: _____

Left _____ Right _____ Both _____

B. Intermediate Range: This includes viewing tasks of 16 inches to five feet.

Educational Implications: Involves activities such as reading his/her music and computer activities.

Can the student see the computer monitor? YES NO

Distance from screen: _____

The student can interpret facial expressions at a distance of _____.

The student can interpret hand gestures at a distance of _____.

C. Distance Vision: This area addresses how a student uses his/her vision at distances greater than 5 feet.

Educational Implications: Include getting information during classroom demonstrations and from chalkboards and videos.

Distance Vision Acuity (tested by TVI):

Test: _____

Left _____ Right _____ Both _____

Aware _____ size object at _____ feet.

Identifies _____ size object at _____ feet.

Prefers _____ size object at _____ feet.

Can the student copy from the chalkboard? YES NO

At what distance? _____ Size of item _____

At what distance does student see another person? _____

At what distance does student recognize another person? _____

Is the student aware of activities and other students within the classroom? _____

OBJECT	DISTANCE	CONDITIONS/ADAPTATIONS
Clock		
Board		
Overhead		
Videos		
Charts/Maps		
Demonstrations		
Computer		
Other		

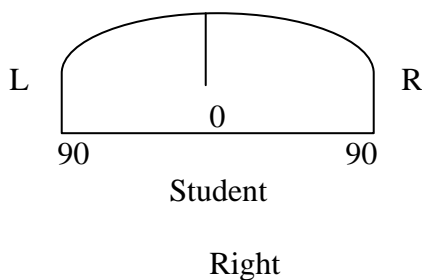
III. PERIPHERAL VISION

Informal confrontational testing

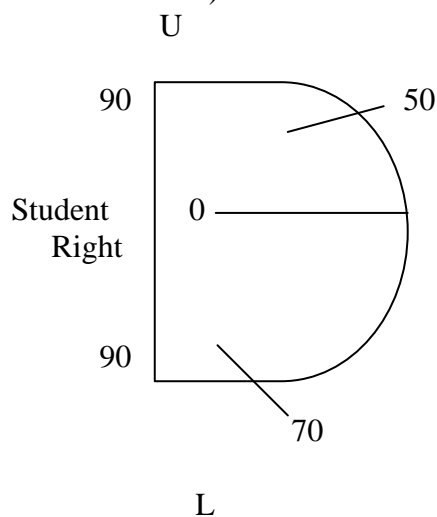
This is the field of vision the student can see without looking directly at a target.

Educational implications: This area addresses how a student uses his/her peripheral vision to move safely around his/her environment. In near vision tasks such as reading, limited peripheral vision may interfere with the ability to see a full line of print.

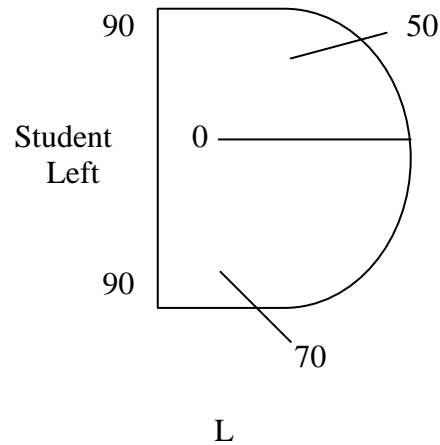
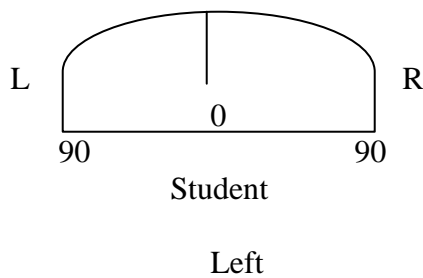
(normal is 150° for each eye or
180° for both)



(normal is 50° upper; 70° lower;
or 120° total)



U



IV. DEPTH PERCEPTION

Depth Perception involves judging the relative distance of objects & their spatial relationships to each other.

Educational Implications: Participation in physical education classes, negotiating stairs, negotiating playground equipment.

V. COLOR VISION

Educational Implications: This area is important in identifying visual targets, remembering landmarks and responding to instruction in the classroom.

VI. CONCOMITANT VISUAL SKILLS

A. Visual motility

This area looks at the student's ability to localize, fixate, follow, and track an object visually. Tracking is the ability to follow an object with the eyes only.

Educational Implications: These skills will be used in reading, copying from the chalkboard and playing sports.

B. Scanning

Educational Implications: These skills will be used in reading and mobility.

Does student exhibit blink response:	YES	NO
Can student shift gaze?	YES	NO
Can student track horizontally?	YES	NO
Can student track vertically?	YES	NO
Can student track diagonally?	YES	NO
Can student track in circular manner?	YES	NO
When tracking, could student cross midline without breaking?	YES	NO

C. Convergence

Convergence is the movement of both eyes toward each other in an effort to maintain fusion of separate objects. Normal eye convergence is noted at 3 1/2 inches.

Educational Implications: This area is important for students to read lines fluently without skipping words or lines of print.

The student was asked to fixate on an object. The examiner subsequently moved the object closer to the student's eyes and made note of where the student's eye broke glaze.

D. Binocularity

Visual binocularity is the simultaneous use of both eyes to perceive 3 dimensional depths by fusing images of each eye.

Educational Implications: This area concerns orientation & mobility, reading & visual scanning.

E. Visual Motor Integration

Visual motor integration looks at the student's ability to combine visual skill with motor ones also known as eye-hand coordination & eye-foot coordination.

Educational Implications: This area includes fine and gross motor skills.

Is printing legible?	YES	NO
Can the student write in cursive?	YES	NO
Can the student read his/her handwriting:	YES	NO
Can the student sign his/her name?	YES	NO
Can the student use computer mouse?	YES	NO
Can the student see the letters on keyboard?	YES	NO
Can the student string beads?	YES	NO
Can the student cut with scissors?	YES	NO
Can the student kick a ball?	YES	NO
Can the student throw a ball?	YES	NO
Can the student catch a ball?	YES	NO

VII. LIGHT SENSITIVITY AND PREFERENCE

_____ Sees best in dim / medium / bright illumination

_____ Prefers additional illumination (ex. Gooseneck lamp/flexarm lamp)

_____ Light / dark adaptation time within normal limits.

If no, time required to adjust _____

Sensitivity to bright light and glare: mild / moderate / extreme

Describe additional light sensitivity preferences and concerns: _____

SUMMARY & RECOMMENDATIONS: