



VISION SEVERITY SUMMARY

Student: _____

Date of Birth: _____

Grade	Teacher of the Visually Impaired	Date Completed

RECOMMENDATIONS OF SERVICE

DATE	SEVERITY RATING	FREQUENCY	MIN/WEEK

SEVERITY SCORE	SEVERITY RATING	FREQUENCY OR MIN./WEEK
0-10	1	1-5/YEARLY
11-36	2	1-2/MONTHLY
37-54	3	1-2/WEEK OR 30-100 MIN.
55-72	4	3-5/WEEK OR 60-300 MIN.
73-90	5	5+/WEEK OR 180-360 MIN.
90-108	6	5+/WEEK OR 240-600 MIN.

PROFESSIONAL JUDGMENT FACTORS

1. ____ Age of student
2. ____ Materials/equipment required
3. ____ School personnel support needed
4. ____ Transition to a new school/building
5. ____ Student cooperation/input
6. ____ Parent input
7. ____ Attendance
8. ____ Progressive Condition
9. ____ Other _____.