

## Disability Worksheet: Visual Impairment

Student Information	
Student: Local ID: State USI: Last Eligibility Meeting Date:	Date of Birth: Grade:  Last IEP Annual Review Meeting Date:
LEA/ School Information	
LEA of Enrollment: School/ Site: School Address:	Case Manager: School Phone:

Teams should use the following checklist as a tool to facilitate discussion about the determination of eligibility for visual impairment. Teams are expected to use evidence including evaluation information and other existing data to confirm or deny each criterion in order to make a differential determination of eligibility.

Visual Impairment
<p><b>State definition:</b> Visual impairment, including blindness, is an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness.</p> <p><b>Federal and state regulations references:</b> 34 CFR §300.8(c)(13); 5-A DCMR §3011.14</p>

**Directions:** Check the box below if the team has evidence to show that the student meets the following criteria. The student must meet all criteria to be eligible for visual impairment.

Eligibility Criteria	
1.	<b>The student has an impairment in vision.</b>
2.	<b>The visual impairment, even with correction, adversely affects the student's educational performance.</b>  <b>Identify the source of current data used to make a determination regarding this criterion:</b> _____

Decision
The team reviewed all relevant evaluation and other existing data and determined that:  _____ The student meets all of the criteria for visual impairment.  _____ The student does not meet all of the required criteria for visual impairment.
Date of Decision: _____