

**Pennsylvania Framework for Functional Vision
and Learning Media Assessment**

I. Background Information:

Student Name: _____ Birthdate: _____ Grade: _____

Phone (H): _____ SS#: _____

Mother's Name: _____ Father's Name: _____

Address (H): _____

School: _____ Address: _____

Phone (S): _____ Principal: _____

Teacher(s): _____

Referred by: _____ Reason for Referral: _____

Initial or Ongoing Assessment: I / O Date(s) of Assessment: _____

Name of Teacher of the Visually Impaired: _____

Additional Disabilities: Y / N Describe: _____

Implications: _____

Current Medication(s): _____ systemic / ocular

Reported/Observed Visual Side-effects: _____

II. Eye Report Summary:

Dr.: _____ MD / OD Address: _____

Phone: _____ Date(s) Examined: _____

Eye Condition: _____ Etiology: _____

History: _____

A. Distance VA:

	w/o Rx	w/ Rx	w/ LVA
OD			
OS			
OU			

B. Near VA:

	w/o Rx	w/ Rx	w/ LVA
OD			
OS			
OU			

C. Refractive Problem? none / myopia / hyperopia / astigmatism

D. Current Prescription:

OD	Sph:	Cyl:	Axis:
OS	Sph:	Cyl:	Axis:

E. Additional Recommendations: glasses / CL / LVA / protective lenses / bifocals
trifocals / tinted lenses / wear for near /
wear for distance / wear constantly

F. Field Restriction(s): Y / N Degrees: _____ Location: _____

G. Impaired Color Vision? Y / N Describe: _____

H. Convergence? Y / N Describe: _____

I. Binocular Vision? Y / N Describe: _____

J. Lighting Recommendations: average / less than average / direct / indirect /
incandescent / fluorescent / halogen / natural
Wattage: _____
Location: _____

K. Physical Activities: restricted / unrestricted / caution
Describe: _____

L. Prognosis: stable / deteriorating / capable of improvement / uncertain /
fluctuating

M. Recommended Treatment: _____

N. Re-exam Date: _____

III. Visual Functions (conducted by the teacher of the visually impaired)

NOTE: Date and time of day should always be noted

A. Appearance of Eyes: (check observed abnormalities)

- eye size eyelids pupil shape/size/location iris shape/size
 monocular prosthesis eye contact nystagmus
discharge/watery eyes crust redness cataracts
 excessive blinking/rubbing eccentric fixation cloudy cornea
 strabismus other

Describe:

B. Behavioral Observations: (check observed behaviors)

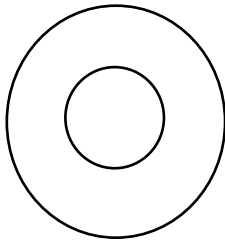
- light gazing eye poking rocking finger flicking
 head turn head tilt object flicking other

Describe:

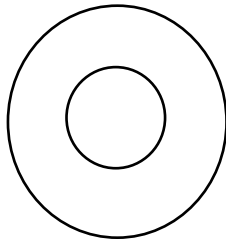
C. Pupillary Response to Light: equal / round / reactive to light (constrict/dilate)

Describe:

D. Pupillary Reflection Using Penlight at "14" inches: (record observations)



O D



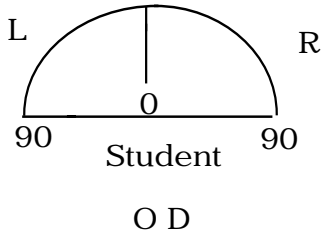
O S

- right eye turned inward (reflection in right eye is to the left of the pupil)
 left eye turned inward (reflection in the left eye is to the right of the pupil)
 right eye turned outward (reflection in right eye is to the right of the pupil)
 left eye turned outward (reflection in left eye is to the left of the pupil)
 right eye turned upward (reflection in right eye is below the pupil)
 left eye turned upward (reflection in left eye is below the pupil)
 right eye turned downward (reflection in the right eye is above the pupil)
 left eye turned downward (reflection in the left eye is above the pupil)

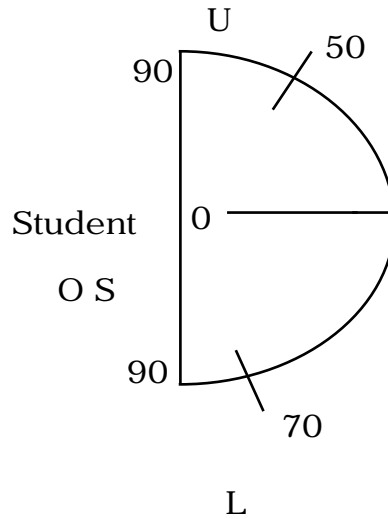
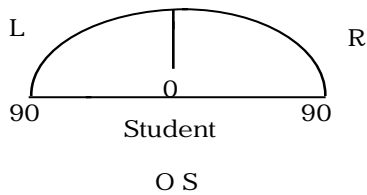
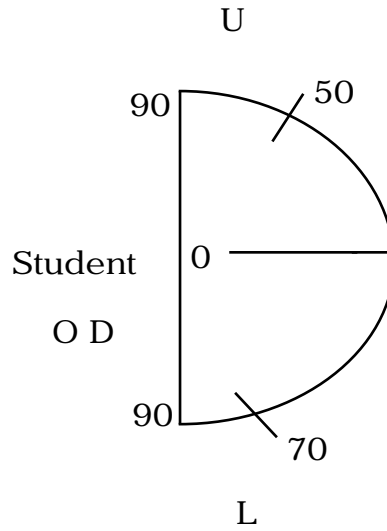
Is there evidence of alternating fixation? Y / N

Is there evidence of intermittent fixation? Y / N

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



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



Additional comments concerning Functional Field Testing: _____

J. Light Sensitivity and Preference (information from interview and observation):

- ___ Sees best in dim / medium / bright illumination
 - ___ Prefers additional illumination (e.g., gooseneck/flexarm lamp)
 - ___ light / dark adaptation time within normal limits
- If no, note time required to adjust: _____
- Sensitivity to bright light and glare: mild / moderate / extreme
- Describe additional light sensitivity preferences and concerns: _____

K. Developmental Visual Skills: (space is provided for additional comments/observations)

___ colors within lines _____
 ___ matches, identifies, and draws shapes and common objects _____

___ cuts out shapes and pictures _____
 ___ recognizes name in print _____
 ___ traces shapes, letters, and numbers _____
 ___ matches and identifies pictures, line drawings, etc. _____

___ completes worksheets systematically (top to bottom; left to right) _____

___ copies letters and numbers from example _____
 ___ writes letters and numbers _____
 ___ "reads back" self-written letters and numbers _____

Describe additional observations or concerns: _____

L. Near Visual Acuity

Describe/name acuity testing instrument used (e.g. Lighthouse Symbol Cards, Lea Symbols, etc.): _____

Describe conditions under which acuity test was administered (e.g. room, lighting, time of day, distance at which test was administered if not standard 16", etc.):

	w/o Rx	w/ Rx	w/ LVA
OD			
OS			
OU			

Record smallest line read on chart and distance and describe visual behaviors:

For students with severe multiple disabilities, describe functional information (e.g. smallest target discriminated, color, contrast, distance, etc.): _____

M. Distance Visual Acuity

Describe/name acuity testing instrument used (e.g. Lighthouse Symbol Cards, Lea Symbols, etc.): _____

Describe conditions under which acuity test was administered (e.g. room, lighting, time of day, distance at which test was administered if not standard 20', etc.):

	w/o Rx	w/ Rx	w/ LVA
OD			
OS			
OU			

Record smallest line read on chart and distance and describe visual behaviors:

For students with severe multiple disabilities, describe functional information (e.g. smallest target discriminated, color, contrast, distance, etc.): _____

N. Contrast Sensitivity:

Describe test/method used and results/observations: _____

O. Visual-Motor and Visual Perceptual Skills:

Eye-hand coordination _____

Eye-foot coordination _____

Visual sequencing _____

Visual memory _____

Depth perception _____

P. Additional Functional Vision Information (e.g. use of Rx; LVA, etc): _____

Q. Results of eccentric viewing assessment (include preferred eye and direction of viewing):

R. Observation of Orientation and Mobility Skills:

Indoors (include effects of lighting/glare, distractions, contrast, etc.):

SKILL	DISTANCE and OBSERVATION
Identifies people by name/gender	Y / N
Avoids objects above and below waist	Y / N
Locates dropped objects	Y / N
Locates and accesses locker	Y / N
Locates room by numbers or names	Y / N
Travels independently on stairs	Y / N
Travels independently in school	Y / N

Other indoor areas observed: _____

Outdoors (include effects of lighting/glare, distractions, contrast, etc.):

SKILL	DISTANCE and OBSERVATION
Identifies cars/trees/other hazards	Y / N
Detects changes in terrain	Y / N
Detects drop-offs and steps	Y / N
Follows a sidewalk	Y / N
Travels independently around school	Y / N

Other outdoor areas observed: _____

IV. Learning Media Assessment

A. Results of Observation of Learning Channels:

_____ Visual _____ Tactual _____ Auditory _____ Mixed:
Specify: V / T / A

B. Results of Print Size Assessment (refer to Print Size Assessment Recording Form):

C. Access to Instructional Materials: Print Media

Print Media	Reads	Reads w/ LVA	Uses Reader	Doesn't Read	Observations
Class Handouts					
Dictionary					
Maps					
Graph/Diagram					
Ruler					
Newspaper					
Magazine					
Catalog					
Phone Book					
Menu					
Food Box/Can					
Clothing Tag					
Medicine Bottle					
Calculator					
Measuring Tools					
Other					
Other					
Other					
Other					
Other					

D. Access to Instructional Materials: Environmental

Material	Reads	Reads w/ LVA	Uses Reader	Doesn't Access	Observations
Blackboard					
Maps					
Clock					
Bulletin Board					
Overhead					
VCR					
Monitor					
Charts					
Other					

E. Oral Reading Assessment (record lighting conditions and time of day):

Oral reading speeds (wpm) for sighted students in grades 1 - 6.		
Grade 1: 60+	Grade 3: 80+	
Grade 2: 70+	Grade 4, 5, 6: 90+	(Guszak, 1985)

Oral Reading	Regular Print	Large Print
Grade Level		
Book		
Beginning Time		
Ending Time		
Total Time		
Reading Speed		
Rdg. Speed for 1st 1/2		
Rdg. Speed for 2nd 1/2		
Error Analysis		
Omissions		
Substitutions		
Insertions		
Reversals of word order		
Comprehension	good/fair/poor or ____ %	good/fair/poor or ____ %
Other		
Observations		
Distance		
Fatigue comparison		
Eyes tired? (specify time)	Y / N (Time: _____)	Y / N (Time: _____)
Line Marker Used?	Y / N	Y / N
Line Marker Helpful?	Y / N	Y / N
Low Vision Aid Used?	Y / N	Y / N
Low Vision Aid Helpful?	Y / N	Y / N

Additional observations of saccadic and systematic tracking behaviors during oral reading:
 _____ moves eyes only _____ uses finger/hand/arm for marker
 _____ head movements _____ loses place: seldom/some/frequently
 _____ skips lines _____ other _____

Use of adapted materials? Y / N Specify (e.g. rdg. stand): _____

Observations of other physical/visual behaviors (specify difference between regular and large print): _____

F. Silent Reading Assessment (record lighting conditions and time of day):

Silent reading speeds (wpm) for sighted students in grades 3-12:		
Gr. 3: 109-130	Gr. 4: 131-147	Gr. 5: 148-161
Gr. 6: 162-174	Gr. 7: 175-185	Gr. 8: 186-197
Gr. 9: 198-209	Gr. 10: 210-224	Gr. 11: 225-240
Gr. 11: 241-255	(Carver, 1989)	
Silent reading speeds (wpm) for VI students reading large print in grades 4-12:		
Grs. 4-6: 79	Grs. 9-12: 95	(Nolan, 1966 in Harley, et. el., 1987)
Silent reading speeds (wpm) for VI students reading braille in grades 4-12:		
Grs. 4-6: 52-57	Grs. 9-12: 66-74	(Nolan & Morris, 1966 in Caton, 1991)

Silent Reading	Regular Print	Large Print
Grade Level		
Book		
Beginning Time		
Ending Time		
Total Time		
Rdg. Speed for 1st 1/2		
Rdg. for 2nd 1/2		
Comprehension	good/fair/poor or ___ %	good/fair/poor or ___ %
Observations		
Distance		
Fatigue comparison		
Eyes Tired? (specify time	Y / N (Time:)	Y / N (Time:)
Brief rest periods taken?	Y / N	Y / N
Line Marker Used?	Y / N	Y / N
Line Marker Helpful	Y / N	Y / N
Low Vision Aid Used	Y / N	Y / N
Low Vision Aid Helpful	Y / N	Y / N
Reading Stand Used?	Y / N	Y / N
Reading Stand Helpful?	Y / N	Y / N
Other		
Other		
Other		
Other		
Other		

Additional observations of saccadic and systematic tracking behaviors during silent reading:

_____ moves eyes only _____ uses finger/hand/arm for marker
 _____ head movements _____ loses place: seldom/some/frequently
 _____ skips lines _____ other _____

Observations of other physical/visual behaviors (specify difference between regular and large print): _____

G. Writing Assessment (record lighting conditions and time of day):

Near Writing	Regular Materials	Adapted Materials
Grade Level		
Type size copied from		
Paper		
Utensil(s)		
Writing Speed/Errors		
Beginning Time		
Ending Time		
Total Words Copied		
Words Copied per Minute		
Number of Errors		
# of Erasures		
Ability to Keep Up		
Observations		
Handedness	L / R	L / R
Writes:	manuscript/cursive	manuscript/cursive
Size of writing	large/average/small	large/average/small
Copies:	ltrs./wrds./phrases/sent.	ltrs./wrds./phrases/sent.
Exhibits extreme diffic.	Y / N	Y / N
Forms letters correctly	Y / N	Y / N
Writes legibly	Y / N	Y / N
Quality of writing	good/fair/poor	good/fair/poor
Reads own handwriting	Y / N	Y / N
Math Computations		
Other		

Observations of additional physical/visual behaviors (specify if behaviors varied between regular and adapted materials): _____

H. Braille/Tactual Assessment

1. Observations of Reading Behaviors:

Material read: _____

WPM: _____ Comprehension: _____ Fatigue: _____

Reading position: _____

Tracking ability (use of what finger(s) for reading/tracking/scrubbing/etc.):

Scanning of materials on a page: _____

Scanning of multiple pages: _____

Tactual graphic discrimination/comprehension of pictures: _____

Describe the student's ability to read curricular materials: _____

Describe the student's ability to read functional materials (menus, signs, etc.):

Other: _____

2. Observations of Braille Writing and Manipulative Skills

Writing position:

braille writer: _____
slate and stylus: _____

Speed/accuracy:

braille writer: _____
slate and stylus: _____

Correct use of :

braille writer: _____
slate and stylus: _____

Use of abacus: _____

I. Listening Skills

_____ Identifies main idea _____ outlines _____ summarizes
_____ sequences _____ classifies _____ compares
_____ other (specify): _____

J. Use of Auditory Tapes for Reading

_____ notetaking _____ in class _____ able to index/organize
_____ order tapes independently _____ operate tape machine
_____ speed for listening _____ comprehension
_____ use of readers _____ other: (specify) _____

K. Typing/Keyboarding

_____ wpm with _____ errors

Student uses both hands: Y / N

Student is a touch typist: Y / N

Other: _____

L. Current Use of Assistive Technology: _____

M. Summary of Parent Interview: _____

N. Summary of Classroom Observation: _____

O. Summary of Student Interview: _____

P. Summary of Classroom Teacher Interview: _____

(Note: for M, N, O, and P, refer to appendices)

Q. Recommendations and Information to be included on the Comprehensive Evaluation Report:

Based on data from this assessment:

1. This student:

_____ is functionally blind (include summary of PFFVLMA)

_____ has functional vision (include summary of PFFVLMA)

_____ is functioning at a cognitive level where functional and nonacademic approaches should be considered

2. The recommended current portable reading and writing system for this student is:

_____ braille (tactual) _____ print (visual) _____ aural (auditory)

_____ combination (specify): _____

3. Current/future needs of this student indicate that instruction in braille or the use of braille is:

_____ necessary _____ not necessary

4. The primary learning media is:

_____ tactual _____ visual _____ auditory

5. The secondary learning media is:

_____ tactual _____ visual _____ auditory

6. Primary instruction should be provided in:

_____ braille _____ print _____ auditory

7. Instruction may also be provided in:

_____ braille _____ print _____ auditory

References:

California Department of Education (1997). Program guidelines for students who are visually impaired. California Department of Education; Sacramento.

Caton, H. (Ed) (1994). Tools for selecting appropriate learning media. American Printing House for the Blind, Inc.: Louisville, KY.

Koenig, A. & Holbrook, M .C. (1995). Learning media assessment of students with visual impairments: A resource guide for teachers. Texas School for the Blind and Visually Impaired: Austin, TX.

Maryland State Department of Education (1992). Selection of reading and writing media for students with visual impairments: Braille, print, or both? Office of Instruction and Program Development; Department of Special Education: Montgomery County Public Schools; Rockville, MD.

Ross, D. (1998). Assessment of students with visual impairments. Kutztown University, Kutztown, PA.

Sanford, L. & Burnett, R. (1996). Functional vision and media assessment: Second edition. Consultants for the Visually Impaired; Hermitage, TN.

Appendices

A. Parent Interview

Name: _____ Date: _____ Interviewer: _____

1. Describe your child's vision problem and how it affects his/her functioning. _

2. Are there settings of activities of concern in which the examiner should observe your child? _____

3. Does your child have other handicaps/problems? Y / N; Describe: _____

4. Describe your child's personality (shy, quiet, aggressive, hyperactive, normal):

5. Does your child exhibit age-appropriate skills in daily living activities (eating, dressing, toileting, etc.)? _

6. Does your child travel independently as appropriate for age in your neighborhood? Y / N: Describe: ____

In a store? Y / N: Describe: _____

7. Describe your child's social interactions with other children and adults: _____

8. Do you have concerns regarding your child which have not been discussed? Y / N: Describe: _____

Other questions and concerns: _____

Taken from:

Sanford, L. & Burnett, R. (1996). Functional vision and media assessment: Second edition. Consultants for the Visually Impaired; Hermitage, TN.

B. Classroom Observation

Date: _____ Observer: _____
Time: _____ to _____ Teacher: _____ School: _____

1. Class setting (large/small group; instructional method used, etc.): _____

2. Describe student's behavior as compared to classmates: _____

3. Describe visual behaviors (squints, turns head, working distance, etc.) and incompatible behaviors (eye pokes, rock, light flicks, etc.): _____

4. Wears glasses? Y / N; Uses Low Vision Aid? Y / N; Describe problems: _____

5. Maintains eye contact with activities? Y / N; With people? Y / N _____

6. Relates well with peers? Y / N; With adults? Y / N _____

7. Describe concerns regarding materials (chalkboard, textbooks, handouts, etc.) and desk/workspace (height, contrast, space, etc.): _____

8. Describe concerns regarding classroom (lighting, seating arrangement, etc.):

9. Travels independently in and around the classroom? Y / N: Describe problems:

10. Other observations and concerns: _____

Taken From: Sanford, L. & Burnett, R. (1996). Functional vision and media assessment: Second edition. Consultants for the Visually Impaired; Hermitage, TN.

C.Student Interview

Student: _____ Date: _____ Interviewer: _____

1. What do you like most about school? _____
2. What do you like least about school? _____
3. Do you have many friends in school? Y / N: Describe: _____

4. Do you have any problems reading and copying information from the board? Y / N: Describe: _____

5. Do you have any problems viewing films? Y / N; Television? Y / N; Overheads? Y / N:
Describe: _____
6. In which classes do you have to copy information from the board? _____
7. Do you have problems copying from your textbooks and handouts? Y / N: Describe: _____

8. Do your eyes get tired when you read? Y / N: After how long? _____
9. Do you finish your work when others finish? Y / N: Describe problems: _____

10. Do you have problems listening? Y / N: Describe: _____

11. Do you have problems in physical education? Y / N: Describe: _____

12. Can you see sports events? Y / N; Movies at theaters? Y / N; People and props at plays _____ and concerts? Y / N:
Describe problems. _____
13. Can you travel independently and comfortably in and around the school? Y / N; To _____ and from your assigned
school bus? Y / N: Describe problems: _____
14. What do you know about your visual behavior? _____

15. Do you have any questions about your vision? _____

16. Other concerns or topics of conversation: _____

Taken from:

Sanford, L. & Burnett, R. (1996). Functional vision and media assessment: Second _____ edition. Consultants for
the Visually Impaired; Hermitage, TN.

D. Classroom Teacher Interview

Teacher: _____ Date: _____ Interviewer: _____

1. Describe student's strengths: _____

2. Describe quality and quantity of student's work: _____

3. Is work consistent with cognitive skills? Y / N: Describe: _____
4. What is student's current reading level? _____ ; What book is used? _____
5. Does the student exhibit good/fair/poor listening skills? Describe: _____

6. Does student relate well with peers? Y / N; With adults? Y / N; Describe: _____

7. Describe appearance of eyes, complaints, and abnormal visual behaviors: _____

8. Describe problems with near reading: Is speed a problem? Y / N: _____

9. Describe problems with distance reading (chalkboard, films, TV, etc.): _____

10. Does student finish work on time? Y / N; Complete homework? Y / N: Describe: _____

11. Does student exhibit good/fair/poor study skills? Describe: _____

12. Does student travel independently in classroom? Y / N; In and around school? Y / N;
To and from school bus? Y / N: Describe problems: _____

13. Does student exhibit good/fair/poor organizational skills with school supplies, _____ books, and personal
belongings? Describe: _____

14. Are there settings or activities of concern in which the examiner should observe _____ the student (computer,
cafeteria, etc.)? _____

15. Are support personnel (assistant/volunteer/peer tutor/other) available in the _____ classroom if needed? Y / N: _____

16. Other issues or concerns: _____

Taken from:

Sanford, L. & Burnett, R. (1996). Functional vision and media assessment: Second edition. Consultants for the Visually Impaired; Hermitage, TN.