

1. Diagnosis(es): _____

2. Date of Diagnosis: _____

3. Date of initial contact with the student: _____

4. Date of last contact with the student: _____

5. What is the degree of vision loss? Select one:

Mild

Moderate

Severe

Profound

Explain the severity level indicated above: _____

6. How did you arrive at your diagnosis? Describe the symptoms that meet the criteria for the diagnosis: _____

7. What is the expected duration of the impairment? Select one:

Short-term (< 6 months)

Episodic

Long-term (> 6 months – 1 year)

Chronic (> 1 year, frequent recurrence)

Explain the duration indicated above: _____

8. What is the student's current best-corrected visual acuity and visual field in each eye (explain in detail)? _____

9. Is the vision loss expected to remain stable or is it expected to decline? If expected to decline, describe the expected progression of the vision loss: _____

10. Describe the proficiency of orientation and mobility of the student for independent travel (e.g., proficient in cane usage; uses a guide dog; has usable vision; uses GPS technology or other technologies): _____

Print, sign, date and complete all fields below

