



**Miami-Dade County Public Schools Program for the Visually Impaired**  
**Functional Vision and Learning Media Assessments (FVLMA)**  
**for Students with Visual Impairments**

STUDENT'S NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Report Format for academic students ages 3-21, based on the Essential Assessments Rubric 2010

School: \_\_\_\_\_ Grade: \_\_\_\_\_ FIMC-VI Number: \_\_\_\_\_

FVA Assessment Date(s): \_\_\_\_\_ Initial or Three-Year Re-evaluation? \_\_\_\_\_

Evaluator(s):----- Teacher of the Visually Impaired \_\_\_\_\_

Primary Disability? \_\_\_\_\_ Other Disabilities? \_\_\_\_\_

**1. CURRENT VISION SERVICES:**

Direct or collaborative consult? \_\_\_\_\_ Minutes of VI service per week? \_\_\_\_\_

Related services? \_\_\_\_\_

Orientation and Mobility screening / assessment date? \_\_\_\_\_

Orientation and Mobility Service minutes per week? \_\_\_\_\_

Orientation and Mobility evaluation summary or screening attached? \_\_\_\_\_

Client of Division of Blind Services? \_\_\_\_\_

**2. EYE MEDICAL INFORMATION:** Optometrist, Dr. \_\_\_\_\_ at the \_\_\_\_\_ clinic.

Exam date: \_\_\_\_\_ Ocular Conditions / Diagnosis: \_\_\_\_\_

Ocular history: \_\_\_\_\_ Etiology: \_\_\_\_\_

Visual acuity measures: \_\_\_\_\_

Corrected Distance: Right (OD) \_\_\_\_\_ Left (OS) \_\_\_\_\_ Both (OU) \_\_\_\_\_

Corrected Near: Right (OD) \_\_\_\_\_ Left (OS) \_\_\_\_\_ Both (OU) \_\_\_\_\_

Visual field restriction: \_\_\_\_\_

Contrast sensitivity: \_\_\_\_\_ Color vision: \_\_\_\_\_

Photophobia: \_\_\_\_\_ Muscle function: \_\_\_\_\_

Intraocular pressure reading: \_\_\_\_\_

Prescription for corrective lenses or optical devices: \_\_\_\_\_

Prognosis: \_\_\_\_\_ Recommended treatment: \_\_\_\_\_

Precautions and suggestions: \_\_\_\_\_

**3. REVIEW OF RECORDS:**

Summary of cumulative folder including previous FVLMA's, eye medicals, hearing reports, related service reports, etc):

Other pertinent medical information: \_\_\_\_\_

Academic achievement information: (FCAT), Alternate Assessment, End of Course Exams, grades, etc.) \_\_\_\_\_

Time in general education: \_\_\_\_\_ Is this student involved with the Florida Low Vision Initiative? \_\_\_\_\_

**4. INTERVIEW SUMMARIES:** (Impact of visual impairment on student's functioning.)

a. Parent/caregiver(s): \_\_\_\_\_

b. Classroom teacher(s): \_\_\_\_\_

c. Student (if appropriate): \_\_\_\_\_



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**5. OBSERVATIONS SUMMARY:** (Dates and locations, including at least one outdoor setting and one in an unfamiliar environment.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. TESTING OF FUNCTIONAL VISION:** (Wearing prescribed glasses, yes or no?) \_\_\_\_\_

a. Appearance of the eyes (summary):

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

b. Confrontation functional peripheral fields: The student's visual fields were assessed as follows:

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**



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c. Color discrimination: Using the \_\_\_\_\_ test, the student's color vision was as follows:

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

d. Light sensitivity: The student's light sensitivity (including night blindness) was assessed in the following situations indoors and outdoors:

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**



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- e. Developmental visual perception skills associated with a visual impairment: The student's visual perceptual skills such as sequencing, closure, form perception, figure ground, visual memory, and imitation of actions were testing using the following (assess only those areas applicable to student's age and stability)"

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

- f. Near acuity and discrimination: The student's near acuity and discrimination were tested using the following tests and/or items (including size of objects and viewing distance):

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**



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- g. Distance acuity and discrimination: The student's distance acuity and discrimination was tested using the following tests and/or items (including size of objects and viewing distance):

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

- h. Depth perception: The student's depth perception was assessed using the following activities:

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**



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- i. Contrast sensitivity: The student's contrast sensitivity was assessed using the following tests and/or activities (If testing with contrast chart, note if within normal limits. If testing with markers and colors, please describe):

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

- j. Current media functioning: The student is currently using the following media types: ---

- k. Assisstive technology devices being used: ---

- l. Assisstive technology evaluation date: ---

- m. Low vision devices being used: ---

- n. Clinical low vision evaluation date: ---

**7. LEARNING MEDIA ASSESSMENT:** Learning Media Assessment Components: (Resource: *Learning Media Assessment*, Koenig and Holbrook, TSBVI, 1995)

- a. Summary of General Student Information (Form 1 for all students):



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b. Summary of Sensory Learning Channels (Form 2 for young students or students suspected of a change in vision)

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

c. Summary of General Learning Media Checklist: Distance & Near Visual Tasks (Form 3 for all students.) Distance and near learning materials and teaching methods:

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**



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- d. Summary of Indicators of Readiness for Conventional Literacy Program (Form 4 for pre-school students entering an academic program.)

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

- e. Summary of Initial Selection of Literacy Medium (Form 5 for academic students entering conventional literacy program.)

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**





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f. Summary of Continuing Assessment of Literacy Media: (Form 6)

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

g. Summary of Basic Reading Inventory (BRI) using the John's Basic Reading Inventory for print or Braille, and the Assessment of Braille Literacy Skills (ABLS) or EVALS Braille Inventory for Braille reading students, the students literacy media was assessed. A minimum of two different reading media on the same grade level at the student's independent reading levels should be done for comparison.

**Oral Reading Rates: List Font Sizes for All Print**

Grade Level Text	Regular Print, Regular Print with Devices, Enlarged Print or Braille (contracted or uncontracted)	Words Per Minute	Comprehension Percentage	Independent, Instructional, or Frustration	Working distance, accommodations or reading behaviors observed (finger pointing, moving to lighting, using a slant board, etc.)



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**Braille / Tactile Skills:**

	Paper Braille	Tactile Graphics and Maps / Graphs	Refreshable Braille Display	Other (games, objects, etc.)	Notes
Hand positions					
Hand Movements					
Writing or Cheating					

**Listening Rates:**

Grade Level Text	Live Reader, or Digital Audio if applicable	Words Per Minute	Comprehension Percentage	Independent, Instructional, or Frustration

Basic Reading Inventory Summary: \_\_\_\_\_

Instructional Reading Grade Level: \_\_\_\_\_

Words per Minute: \_\_\_\_\_ Most Efficient Font Size or Braille Type: \_\_\_\_\_

Near Working Distance (print): \_\_\_\_\_ Fatigue Threshold (in minutes): \_\_\_\_\_

Braille Skills (for current Braille readers): Contracted or Uncontracted? Writing Skills? Tactile Graphics? \_\_\_\_\_

Instructional and Independent Listening Levels: \_\_\_\_\_

Listening Words per Minute: \_\_\_\_\_

Handwriting and/or Keyboarding Skills? \_\_\_\_\_

**Basic Reading and Literacy Needs Noted --**

**Accommodations/Instructional Recommendations --** (If reading rates are more than one year behind peers, what intervention is needed?)



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h. Summary of Literacy Tools Inventory: (Form 7 for continuing assessments:)

**Summary of Results --**

**Needs Noted --**

**Accommodations/Instructional Recommendations --**

Primary and Secondary Literacy Media: \_\_\_\_\_

Primary Literacy Media is: \_\_\_\_\_

Secondary Literacy Media is: \_\_\_\_\_

Instruction in Braille is or is not recommended due to the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Priority Needs for the IEP / IFSP**

Priority needs for instruction for the IEP team to consider:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_



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**Criteria for Eligibility Statement:**

Based on the results of the student's most recent eye medical exam and functional vision learning media assessment, it is recommended to the IEP that \_\_\_\_\_ does meet the criteria for a program of specially designed instruction for students with visual impairments.

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES:**

*Assessment of Braille Literacy Skills*, Region IV Educational Consortium

*Essential Assessments Rubric*, 2010. Karen Blankenship, Mary Ann Siller, Jennifer Coy, Julie Prause, Randy Jose

*Learning Media Assessment of Students with Visual Impairments*, Texas School for the Blind, 1998. Allen Koenig and Cay Holbrook

*Looking to Learn*, AFB Press, 2000. Frances Mary D'Andrea and Carol Farrenkopf

*Form Adapted by: Kay Ratzlaff and Nancy Toelle (April 2013) QPVI Professional Development: Essential Assessments: FVA, LMA*



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\_\_\_\_\_

### Orientation and Mobility Screening

(This form is to be completed by the teacher of the visually impaired. If student is currently receiving O&M Services, do not complete this form.)

Dates of Observations: \_\_\_\_\_

Locations of Observations: (At least one in an unfamiliar environment and one outside.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Mark all that apply:

- \_\_\_\_\_ Moves with ease and speed
- \_\_\_\_\_ Exhibits smooth range of motion
- \_\_\_\_\_ Consistently travels without veering
- \_\_\_\_\_ Avoids obstacles before they are perceived by touch or hearing
- \_\_\_\_\_ Reaches accurately
- \_\_\_\_\_ Shuffles feet
- \_\_\_\_\_ Takes false steps
- \_\_\_\_\_ Walks with head down
- \_\_\_\_\_ Bumps into objects which are:
  - \_\_\_\_\_ Head high    \_\_\_\_\_ to the right    \_\_\_\_\_ knee level or below
  - \_\_\_\_\_ Waist high    \_\_\_\_\_ to the left

- 2. Can the student travel through his or her classroom environment safely and independently? \_\_\_\_\_
- 3. Can the student locate personal/familiar items in the classroom independently? \_\_\_\_\_
- 4. Can the student find significant locations around the school (commensurate with peers)? \_\_\_\_\_
- 5. Can the student travel safely and independently on the school grounds? \_\_\_\_\_
- 6. Can the student travel in his or her community commensurate with peers? Including accessing public transportation?  
\_\_\_\_\_

Orientation and Mobility evaluation recommended? \_\_\_\_\_ If yes, date submitted? \_\_\_\_\_