

Form A

Functional Vision Assessment

Student Name:
Assessor:

Date:
Position:

Part I - Medical Background

This information should be gathered before beginning the Functional Vision Assessment.

Information from Eye Report

Date of last eye exam: Dr.'s Name:

Vision Diagnosis:

Explanation:

Impact of Additional Disability on Vision:

Distance Acuity: Visual Field (Full):
Near Acuity: Visual Field (Constricted):

Stability of Visual Condition (Stable / Deteriorating):
Visual Functioning (Stable / Fluctuating):

Explanation:

Optical Aids

Does the student have glasses?
Are the glasses used for distance or near?
Does the student wear their glasses?

Low Vision Devices (respond 'yes' or 'no'):
Monocular: Magnifier: CCTV:
Screen Magnification Software (include name of program):
Other devices used:

Non-Optical Accommodations (respond 'yes' or 'no'):
Sunglasses: Hats:

Functional Vision Assessment Form

Part II – Functional Vision Assessment

Definition: Functional vision is a person’s ability to use their vision in conjunction with strategies and other sensory modalities to compensate when their vision does not provide them with enough information to accomplish their mission.

The purpose of this form is to:

- document how a student sees under a variety of situations
- describe the visual and non-visual techniques the student presently uses to compensate for their reduced vision
- help the student to become aware of when their visual needs require accommodation or the use of other sensory modalities in place of vision skills

Section A

Focus: Document how a student sees under a variety of situations.

Observe the students in 3 different natural settings:

- the classroom
- any outdoor activity
- a third familiar location.

1. Classroom Activity (Describe):

For each of the following behaviors, write the student’s response:

Head Positioning:

Distance from Task:

Eye(s) Used:

Angle of Viewing:

Straining, squinting, and shielding of eyes:

Body posture and gait:

Fatigue:

For each of the following environmental conditions, write the student’s response:

Illumination Factors:

Light Adaptation:

Glare:

Contrast:

Color:

Depth:

Organization:

Target Size and Distance:

Form A

2. Outdoor Activity (Describe):

For each of the following behaviors, write the student's response:

Head Positioning:
Distance from Task:
Eye(s) Used:
Angle of Viewing:
Straining, squinting, and shielding of eyes:
Body posture and gait:
Fatigue:

For each of the following environmental conditions, write the student's response:

Illumination Factors:
Light Adaptation:
Glare:
Contrast:
Color:
Depth:
Organization:
Target Size and Distance:

3. A Third Familiar Location (Describe):

For each of the following behaviors, write the student's response:

Head Positioning:
Distance from Task:
Eye(s) Used:
Angle of Viewing:
Straining, squinting, and shielding of eyes:
Body posture and gait:
Fatigue:

For each of the following environmental conditions, write the student's response:

Illumination Factors:
Light Adaptation:
Glare:
Contrast:
Color:
Depth:
Organization:
Target Size and Distance:

Form A

Other behavior characteristics observed?

Section B

Focus: Document (through observations and interview) the techniques the student presently uses to increase their functional vision in the following situations:

Information should be gathered:

- through observations conducted in Section A
- through an interview with the student

What strategies do you observe the student use when:

Recognizing People:

Finding their way in a familiar setting:

Finding their way in an unfamiliar setting:

Responding to dramatic changes in conditions:

Public Restrooms:

Other Situations:

What strategies does the student report they use when:

Recognizing People:

Finding their way in a familiar setting:

Finding their way in an unfamiliar setting:

Responding to dramatic changes in conditions:

Public Restrooms:

Other Situations:

- Additional Comments:

Form A

Section C

Focus: Help the student to become aware of when their visual needs require accommodation or the use of other sensory modalities in place of vision skills.

Review and analyze the information you have gathered in this report(s).

- note any inconsistencies or problem areas
- List solutions and recommendations for noted inconsistencies or problem areas

**Problem Area
Or Inconsistency**

**Solution and/or
Recommendation**

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

Additional Comments: