



CHILDREN WITH VISUAL IMPAIRMENTS

This form shall be completed during the IEP meeting for each child who has a visual impairment, as defined by Ohio's Amended Substitute House Bill Number 164, which requires a statement specifying one or more reading and writing media in which instruction is appropriate to meet the child's educational needs. **A copy of this completed form is part of, and must be attached to, the child's IEP form.**

1. Annual assessment of reading and writing skills was conducted with each child in all media considered appropriate. The results of these assessments are included in "Present Levels of Academic Achievement and Functional Performance" on the IEP and indicate both strengths and weaknesses. YES NO
2. The IEP contains a requirement for instruction in Braille reading and writing when that medium is appropriate and is indicated by adding "Unified English Braille" as a special service in Section 7. YES NO
3. Instruction in Braille reading and writing was carefully considered for this child and pertinent literature describing the educational benefits of instruction in Braille reading and writing was reviewed by the persons developing this child's IEP. YES NO
4. The following visual condition(s) was taken into account and discussed in making the above decision:

Condition is degenerative and progressive loss is expected.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is currently unpredictable in nature and will be reviewed if change in visual condition is noted.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is temporary and expected to improve.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Condition is stable and will be monitored.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Indicate the appropriate instructional media

Unified English Braille	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Large Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regular Print	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tape/auditory	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Complete if Braille reading and writing **ARE** appropriate at this time

Annual goals provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Short-term objectives provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of initiation indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Frequency and duration of instructional sessions indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Level of competency to be achieved annually indicated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Objective determinants used to measure achievement provided	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Reasons Braille reading and writing **ARE NOT** appropriate this time

Documented visual acuity allowing the choice of larger type/regular type	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Child is considered a pre-reader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>