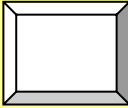
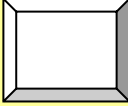
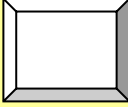
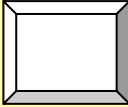
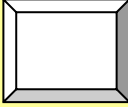
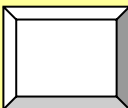
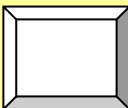
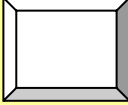


SEVERITY CHARACTERISTIC WORKSHEET

STUDENT _____

DATE of BIRTH _____ GRADE _____

| CATEGORY | RATING | | | | | | SEVERITY SCORE |
|--|--|---|--|--|--|---|---|
| | MILD 2 | MILD-MODERATE 4 | MODERATE 6 | MODERATE SEVERE 8 | SEVERE 10 | PROFOUND 12 | |
| FUNCTIONAL VISION STATUS | Visual skills adequate for core curriculum | Visual skills being maintained in a variety of settings | Visual skills being reinforced in a variety of settings | New visual skills being introduced / developed | Visual skills fluctuate depending on activity/setting | Totally blind or No input via visual system |  |
| LEVEL OF NEAR (MEDICAL) | 20/20 - 20/50 | 20/40 - 20/100 | 20/70 - 20/200 or mild field loss | 20/150 - 20/400 or moderate field loss | 20/300 - 20/800 or severe field loss | 20/400 - LP or NLP |  |
| NEAR VISUAL ACUITY (FUNCTIONAL) | 20/20 - 20/50 | 20/40 - 20/100 | 20/70 - 20/200 | 20/150 - 20/400 | 20/300 - 20/800 | 20/400 - LP or NLP |  |
| READING MEDIUM | Regular print texts | Regular text Primary type (PRIMARY) | Regular print with some print modification | Print demands vary with subject. Print modification needed | Print modification Braille, Tape or Combo | Learning to use a new reading medium. i.e. Braille, Tape |  |
| MATERIALS PREPARATION | None | Minimal Amount Needed | Occasional need to adapt materials to learners need | Frequent need to adapt materials to learners need | Intensive modification of materials needed | Daily preparation and modifications needed |  |
| TANGIBLE AIDS | No aids needed | Mastery of aid. No instruction necessary | Competency. May review or refine skills using existing aid | Refine or introduce new skills using existing aids | Maintian use of hi-tech equipment or teach use of new tangible aid | Introduction of high technology equipment/skills ie. Versabraille, Viewsca Text |  |
| COMMUNICATION WITH SCHOOL PERSONNEL | Not necessary | Minimal communication with school personnel | Occasional communication with school personnel | Frequent communication with school peronnel | Intense communication with school personnel | Daily communication with school personnel |  |
| | | | | | | | TOTAL SCORE |
| | | | | | | |  |

VISION SEVERITY RATING SCALES
SUMMARY OF SERVICES WORKSHEET

Student: _____

Vision Consultant: _____

DOB: _____

Grade: _____

| DATE | SEVERITY RATING | FREQUENCY | MIN / WK | TEACHER INITIAL | SUPERVISOR INITIAL |
|------|-----------------|-----------|----------|-----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

| SEVERITY SCORE | SEVERITY RATING | FREQUENCY | MIN / WK | MODEL |
|----------------|-----------------|------------------|-----------|---------------|
| 0 to 7 | 1 | 1 - 5 / YR | | MONITORING |
| 8 to 28 | 2 | MONTHLY | | CONSULTATION |
| 29 to 42 | 3 | 1 - 2 / WK | 30 - 100 | SUPPORTIVE |
| 43 to 56 | 4 | 3 - 5 / WK | 60 - 300 | INTEGRATED |
| 57 to 70 | 5 | 6 - 8 / WK | 180 - 360 | INTENSIVE |
| 71 to 84 | 6 | more than 8 / WK | 240 - 600 | COMPREHENSIVE |

| PROFESSIONAL JUDGEMENT FACTORS | |
|--------------------------------|--------------------------------------|
| _____ 1. | Age of student |
| _____ 2. | Availability of materials/equipment |
| _____ 3. | Classroom teacher's need for support |
| _____ 4. | Transition to a new school/building |
| _____ 5. | Visual Field Restriction |
| _____ 6. | Student Cooperation |
| _____ 7. | Parent Concern |
| _____ 8. | Attendance |
| _____ 9. | Home Environment |
| _____ 10. | Other |