

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

VISUAL IMPAIRMENT ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Visual Impairment including Blindness (34 C.F.R 300.8 (c)(13)): Visual impairment means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

1. The student has a visual impairment. <i>(The term includes both partial sight and blindness.)</i>		YES		NO
Evidence:				

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2. The student requires specialized materials AND instruction in orientation and mobility, Braille, visual efficiency, or tactile exploration <i>(e.g. specialized instruction & supports through special education to support the student's ability to access the curriculum)</i> .		YES		NO
Explain:				

*To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.*

3. Evaluation confirms that even with correction, there is an adverse effect on educational performance.		YES		NO
Evidence:				

*To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.*

4. Evaluation confirms that limited English proficiency was NOT a determinant factor in the eligibility decision?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.*

5. Evaluation confirms that lack of appropriate instruction in reading and/or math was NOT a determinant factor in the eligibility decision?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 5 must be **yes**. Proceed to the next question.*

6. If there is a visual impairment, does the child require specially designed instruction because of that impairment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 6 must be **yes**. Proceed to Determination.*

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have a visual impairment, and is eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student has been determined to have a visual impairment, but is <u>not</u> eligible for special education services at this time.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student <u>does not</u> meet requirements to be identified with a visual impairment and is <u>not</u> eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Team Member Signatures:

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. (*Dissenting team members shall submit a separate, written statement*).

Name	Title