

Statement of Eligibility

Visual Impairment Category Worksheet

Name of Student:	Grade:	DOB:	Date:
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A. Criteria for Visual Impairment

1. The student's residual acuity is 20/70 or less in the better eye with correction; or
2. The student's visual field is restricted to 20 degrees or less in the better eye; or
3. The student has eye pathology or a progressive eye disease that is expected to reduce either residual acuity or visual field to either an acuity level of 20/70 in the better eye or a visual field of 20 degrees or less in the better eye; or
4. The medical statement is inconclusive, or the student demonstrates inadequate use of residual vision.

NOTE: Attach Visual Examination Report

B. Based on above information, the child

- Meets the criteria for the 'Visual Impairment' category.
- Does not meet the criteria for the 'Visual Impairment' category.

C. Participation of Team Members:

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement is given to the parent(s).