# Group Evaluation Summary Report and Prior Written Notice of Eligibility Determination: Visual Impairment (Including Blindness)

(USBE Rules II.J.14.; and IV.C.)

District/School: Date of Meeting:

Student Name: DOB: Grade:

**Definition:** An impairment in vision that, even with correction, adversely affects a student’s educational performance. The term includes both partial sight and blindness that adversely affects a student’s educational performance.

## All Requirements of USBE Rules II.J.14. Must be Documented Below or Attached

### Areas of Suspected Deficits

Indicate measurement (formal and informal), date, and results for each area assessed. Mark N/A if a deficit is not suspected in an area.

| **Area** | **Date** | **Measurement Tool/Method** | **Results** |
| --- | --- | --- | --- |
| Educational |  |  |  |
| Adaptive |  |  |  |
| Behavioral |  |  |  |
| Physical |  |  |  |
| Other: |  |  |  |

A description of the student’s visual impairment and visual capabilities from a qualified eye care professional (Rules I.E.40.) was considered and is included in the student’s record.

Briefly summarize assessment information from a licensed, endorsed teacher of the visually impaired of the kind and extent of instruction needed, based on the student’s present level of performance. This includes the functioning level of the student in adjusting to visual problems and gaining educational and social success:

Briefly summarize assessment information from a licensed, endorsed teacher of the visually impaired regarding the student’s current and future need for instruction in braille or the use of braille:

Evaluation of the student’s reading and writing skills, needs, and appropriate reading and writing media including braille:

Briefly summarize assessment information from a certified Orientation & Mobility (O&M) Specialist regarding the student’s O&M skills:

Are there other impairments that interfere with the comprehension of visual and/or auditory stimuli (e.g., processing difficulties, reading disabilities)? Yes No

If yes, describe:

Parent Input:

## Prior Written Notice of Visual impairment (Including Blindness) Eligibility Determination

1. Did the group determine the student meets the criteria for visual impairment (including blindness) (USBE Rules II.J.14.b.(1))? Yes No
2. Is the student’s vision history, including a recent eye report (conducted within the previous three years) from a qualified eye care professional (Rules I.E.40.) included in the student’s record (USBE Rules II.J.14.b.(1))? Yes No N/A, student has an unchanging vision condition
3. Did the group determine the visual impairment adversely affects the student’s educational performance (USBE Rules II.J.14.b.(2))? Yes No
4. Did the group determine the student requires special education and related services (USBE Rules II.J.14.b.(3))? Yes No
5. Did the group determine the visual impairment is the student’s primary disability (USBE Rules II.J.14.b.(4))? Yes No
6. Did the group determine a lack of appropriate instruction in reading is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(1))? Yes No
7. Did the group determine a lack of appropriate instruction in mathematics is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(2))? Yes No
8. Did the group determine limited English proficiency is ***not*** the primary factor in determining eligibility (USBE Rules II.I.3.a.(3))? Yes No

All the above are “Yes.” The group determines the student ***is eligible*** for special education and related services under the categorical classification of visual impairment (including blindness).

At least one of the above is “No.” The group determines the student ***is not eligible*** for special education and related services under the categorical classification of visual impairment (including blindness).

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this eligibility proposal:

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

Was a translator/interpreter provided to enable the parent(s)/student who is an adult to participate in the eligibility meeting?

No, translator/interpreter not needed

Yes (translator/interpreter should sign below as a participant)

Your native language or other mode of communication is ***not*** a written language.

**Therefore:**

The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

You verified with the translator/interpreter that you understand the content of this notice.

The student is not currently enrolled in the district/charter school. Under Child Find requirements this student’s eligibility determination entitles the student to a free appropriate public education (FAPE) if the student is enrolled in an LEA. Under Utah Special Education Rules VI.B., if the student is enrolled in a nonprofit private school, the student is eligible to receive equitable services, as determined through consultation between the district and the private school. The student may also be eligible for the Carson Smith Scholarship or the Special Needs Opportunity Scholarship Program. If the student receives a scholarship, the student continues to be eligible for equitable services.

## Signatures Below Denote Participation in Eligibility Determination and Acknowledge Receipt of Copy

Special Education Professional Date Parent/Student who is an Adult Date

Signature/Title Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Note:** If signature of parent or student who is an adult is missing, then parent or student who is an adult:

Did not attend (document efforts to involve); **OR**

Participated via telephone, video conference, or other means; **AND**

Copy of this document was mailed to parent/student who is an adult on[date]: