Child’s Name \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yy

School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Initial EI Eligibility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The team has obtained the following assessments* (attach evaluation report that describes and explains the results of the evaluation conducted):**

1. **The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and any previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed

1. **A vision examination by a person licensed to practice optometry by an appropriate state authority or a physician who specializes in ophthalmology licensed by an appropriate state authority.**

The vision examination indicates:

The child has a visual impairment that is uncorrectable by medical treatment, therapy or lenses.

The vision examination results are inconclusive and the child demonstrates inadequate use of residual vision.

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Ophthalmologist or Optometrist Date Conducted Date Reviewed

1. **A functional vision assessment conducted by a teacher of the visually impaired to identify the child’s educational and compensatory needs, including a functional assessment of the child’s residual visual acuity or field of vision.**

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Examiner Assessments Date Conducted Date Reviewed

1. **Any additional assessment determined by the evaluation team to be necessary to determine the impact of the suspected disability:**

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Examiner Assessments Date Conducted Date Reviewed

The team agrees that this child does does not qualify for early intervention services.

**Signatures of Team Members Title Agree Disagree**

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A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

# This form is used to:

* + Document whether the student meets the eligibility criteria for visual impairment and the basis for that determination in accordance with 20 USC §1414;
  + Meet the requirements of OAR 581-015-2180, OAR 581-015-2120, and 34 CFR 300.8 regarding the need to establish eligibility for special education services;
  + Document the date that initial eligibility was established and the date that the eligibility is re-established;
  + Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination;
  + Document that the parent was given a copy of evaluation report(s) and eligibility statement.

# Directions:

1. Enter the date the form was completed by the team.
2. Enter the student’s complete legal name; do not use a nickname.
3. Enter the student’s school district.
4. Enter the student’s date of birth.
5. Enter the date of initial eligibility for Early Intervention.
6. The team must review existing information, including information from the parent(s), the student’s cumulative records, previous IEPs or IFSPs, state assessment information, and other relevant information. Document the date this information is reviewed by the team.
7. List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s), and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. *Attach documentation of each evaluation.*
8. Indicate if the student needs special education.
9. Have each team member (including the parents) sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
10. Place a copy of this form with all attachments into the student’s file.
11. Give a copy of the evaluation report and eligibility statement to the parent(s).