

NMSBVI Access to Learning ~ Low Vision Clinic

**TEACHER OF STUDENTS WITH VISUAL IMPAIRMENTS**

**LOW VISION PRE-EXAMINATION INFORMATION**

**Teacher of Students with Visual Impairment Contact Information:**

**Name):**

**Mailing Address:**

**Phone:**       **Cell:**       **Email:**

Today’s Date:

Student:       DOB       Sex:  M  F

Parent(s)’s Name:

Parent Daytime Phone: Home:       Cell:

Student Information:

School Attending:       District:       Student’s grade placement:

* Student’s educational placement:  general education  special education  other (specify)
* Does the student presently wear glasses?  Yes  No

If so, are they:

Worn for near work

Worn for distance viewing

Worn regularly

Other

* What is the student’s **primary** learning medium?

Braille  Regular print  Large print  Auditory

* What visual working distance is used for near tasks (reading, writing, viewing pictures, viewing smaller objects)?
* What is the best way to test the child’s vision?

Naming letters

Naming shapes

Matching shapes  
  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does the student use any optical devices?  Yes  No If yes, please list:
* Does the student use any assistive technology?  Yes  No If yes, please list:
* Does the student have other medical conditions or impairments?

Describe:

* Has student had O&M evaluation?  Yes  No If yes, date?

**(Attach a copy of the evaluation.)**

* Does the student currently receive O&M services?  Yes  No

Describe any difficulties you see which you would like addressed as well as your goals/expectations for this evaluation and any additional information you feel is relevant to this evaluation:

**To submit form electronically:** save this file to your computer; fill in fields,

save final file, and email final file as an attachment to margarethidalgo@nmsbvi.k12.nm.us

**OR, to submit form via mail or fax:**

NMSBVI-ECP, ATTN: Low Vision Clinic, 801 Stephen Moody Street SE, Albuquerque, NM 87123

Fax to 505-271-3073. Or Call: 575-415-6044