



Visual Impairment Including Blindness Eligibility Worksheet

PURPOSE

The purpose of this *Visual Impairment Including Blindness Eligibility Worksheet* is to provide guidance to educational teams considering a student for special education eligibility under the *Visual Impairment Including Blindness* (VIB) disability category. Teams will complete the [VIB Eligibility Matrix Table](#) to guide their discussion regarding a student's eligibility for special education under the VIB disability category.

STUDENT INFORMATION

Student Name: Click or tap to enter student name

Date of Birth: Click or tap to enter DOB

Student ID Number: Click or tap to enter student ID number

Teacher: Click or tap to enter teacher's name

School: Click or tap to enter school

Date of VIB eligibility determination: Click or tap to enter date of determination

VISUAL IMPAIRMENT INCLUDING BLINDNESS ELIGIBILITY CRITERIA

The [Idaho Special Education Manual](#) defines visual impairment as follows:

Visual impairment refers to an impairment in vision that, even with correction, adversely affects a student's educational performance. The term includes both partial sight and blindness. Partial sight refers to the ability to use vision as one channel of learning if educational materials are adapted. Blindness refers to the prohibition of vision as a channel of learning, regardless of the adaptation of materials.

As with any special education eligibility determination, a student must meet the criteria, also known as the *Three-Prong Test*, as outlined in the [Idaho Special Education Manual](#) and listed below.

1. The student has a disability according to the established Idaho criteria;
2. The student's condition adversely affects educational performance; and
3. The student needs specially designed instruction.

Teams must reply, "Yes," to all three prongs for a student to qualify for special education under the VIB disability category. Any evaluations conducted for eligibility determination should follow the guidelines provided in the [Idaho Special Education Manual](#).

Table: VIB Eligibility Matrix

Complete the table by responding “yes” or “no” to each eligibility prong in the first column and checking one or more of the specific criteria that apply to the student as outlined in the second column.

VIB Eligibility Prong	Source(s) of Evidence (check all that apply)
<p>1. The student has a disability according to the established Idaho criteria.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>There is documentation of a visual impairment and the child demonstrates the characteristics of blindness or visual impairment (check all that apply):</p> <p><input type="checkbox"/> A child with blindness has (check all that apply):</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Visual acuity in the better eye with best possible correction of 20/200 or less at distance or near; or • <input type="checkbox"/> Visual field restriction in the better eye of remaining visual field of 20 degrees or less. <p><input type="checkbox"/> A child with a visual impairment demonstrates the following (check all that apply):</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Visual acuity better than 20/200 but worse than 20/70 at distance and/or near; or • <input type="checkbox"/> Visual field restriction in the better eye of remaining visual field of 70 degrees or less but better than 20 degrees. <p><input type="checkbox"/> The child has any of these conditions:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Oculomotor apraxia • <input type="checkbox"/> Cortical visual impairment • <input type="checkbox"/> Convergence insufficiency • <input type="checkbox"/> A progressive loss of vision which may in the future, have an adverse effect on educational performance • <input type="checkbox"/> Other: <p><input type="checkbox"/> The student has a functional vision loss where field and acuity deficits alone may not meet the aforementioned criteria.</p> <ul style="list-style-type: none"> • List and/or describe: Click or tap here to enter text.
<p>2. The student’s condition adversely affects educational performance.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>There is documentation of an adverse effect on educational performance due to one or more documented characteristics of the Visual Impairment.</p> <ul style="list-style-type: none"> • List and/or describe: Click or tap here to enter text.
<p>3. The student needs specially designed instruction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Due to the identified Visual Impairment including Blindness, the student needs specially designed instruction.</p> <ul style="list-style-type: none"> • List and/or describe: Click or tap here to enter text.

For Questions about the VIB Eligibility Worksheet please contact:

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