Determining Special Education Eligibility -Visual Impairment

Department of Education, Office of Special Education

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Introduction

These eligibility guidelines were written to provide parents, teachers, special education personnel, administrators, and other professionals information on the identification and determination of eligibility for educational services for children with visual impairments including blindness.

This category of children has been defined by both federal and state regulations. A three-part eligibility requirement for a child to be identified as a child with a visual impairment is as follows:

- Meet eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance;
- Determination that a need for special education is evident.

State Definition

To qualify for special education services in the category of visual impairment, including blindness, the child must have: an impairment in vision that, even with correction, adversely affects a child's educational performance. This category includes children who have partial sight or blindness.

Both federal and state special education laws use the term visual impairment, including blindness, to describe children who are blind, legally blind, or partially sighted. Throughout this document, the term visual impairment will be used. Under the state definition, any child with a visual impairment, including blindness, will experience deficiencies in one or more of the following areas: activities of daily living, social interaction and academic achievement, performance in the educational setting, or orientation and mobility. The task of the Multidisciplinary Evaluation Team (MDT) is to determine if the visual impairment has an adverse effect on the child's development or educational performance.

Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) should include at least the following members:

- The child's parent(s);
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
    - For a child below age five, a teacher qualified to teach a child below age five;
- Special educator endorsed in the area of visual impairment;
- A school district administrator or a designated representative; and
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training (i.e., school psychologist, speech language pathologist, or other instructional specialist).

Section 2: Educational Identification Guidelines

When determining eligibility for a visual impairment, including blindness, the evaluation should be thorough and rigorous. Such evaluations should include a data-based media assessment, be based on a range of learning modalities (including auditory, tactile, and visual) and include a functional vision assessment. An assessment of a child's vision status generally would include:

- the nature and extent of the visual impairment;
- its effect on the ability for the child to learn to read, write, do mathematical calculations, and use computers and other assistive technology;
- the child's ability to be involved in and make progress in the general curriculum offered to nondisabled students;
- the evaluation should be closely linked to the assessment of the child's present and future reading and writing objectives, educational needs, and appropriate reading and writing media.

- In addition, because the evaluation must assess a child's future needs, a child's current vision status should not necessarily determine whether it would be inappropriate for that child to receive special education

In all cases, when making a determination of a visual impairment, including blindness, the MDT should consider the educational performance of the child to determine if it is below that of peers regardless of modification of instruction, curriculum, and environment. In addition, the MDT should consider medical information to determine if there is evidence of a visual impairment. Lastly, the MDT should review functional vision information to determine if there is evidence of a visual impairment including blindness. The MDT must determine whether the visual impairment is the primary disability of the child. When concomitant learning or developmental needs exist, the team must determine which condition is the primary cause of the need.

Section 3: PROCEDURES TO DETERMINE ADVERSE EFFECT ON DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors should be considered in determining if a visual impairment, including blindness, is causing, or can be expected to produce, significant delays in the child's development or educational performance. The factors include, but are not limited to:

- Current medical eye information including: eye condition, diseases, or defects and prognosis (progressive, stable, or fluctuating)
- Type and degree of the visual impairment (distance and near acuity, acuity with correction, degrees of the field of vision loss, and status of ocular muscles)
- Etiology of the visual impairment (if known)
- Age of onset of the visual impairment
- Age of identification
- Current medications
- Current age
- History of interventions and response
- Relevant family/medical history
- Current educational placement

There is a broad range of visual functioning in the visual impairment categories, in visual conditions, and in the age(s) of onset for a specific visual impairment: the visual status of a child, and the nature of the visual impairment which may be stable, progressive, or fluctuating. The visual impairment could be congenital (from birth) or adventitious (acquired at some point in the child's life). These factors all need to be taken into consideration when assessing, determining eligibility, and planning the educational program for a child with a visual impairment including blindness.

This list is not exhaustive. An additional group of factors that should be considered are: the child's health, aptitude or ability, motivation, behavior, and the communication system used by the child. Examination of each of these factors may lead to some additional factors to consider. The educational team, including an educator endorsed to teach a child with visual impairments, can determine how these factors may impact the child. Parents, medical professionals, classroom teachers, and the child him/herself can also provide information important in determining the impact of the visual impairment.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance, including areas from the Expanded Core Curriculum for Children who are visually impaired.

Educational Performance

- Does the child meet district standards (outcomes) for his/her grade level?
- Does the child's progress reflect his/her ability level?
- Does the child have access to the curriculum and materials at his/her grade level in the appropriate medium (Braille, large print, auditory, or tactile formats)?
- Does the child have access to a functional curriculum, if needed?
- Does the child have an effective way to communicate (speaking, sign language, augmentative communication, object/touch cues)?

Orientation and Mobility

- Is the child able to determine where he/she is in the environment?
- Doe the child travel safely and efficiently in the environment?

Social Interaction Skills

- Does the child behave in socially appropriate ways?
- Does the child initiate interactions with peers and adults?
- Does the child have peer interactions?

Independent Living Skills

- Does the child perform the tasks that allow him/her to care for personal needs?
- Does the child have organizational skills?
- Does the child have the skills needed for adult independence?
- Does the child have problem solving skills?

Recreation and Leisure Skills

- Does the child have access to an array of age appropriate activities?
- Does the child have access to movement and physical fitness activities that promote good health?

Career/Vocational Education

- Does the child have information about existing vocations?
- Does the child have access to a variety of job experiences?
- Does the child have the skills needed to become meaningfully employed?

Assistive Technology

- Does the child have access to the specialized technology available (Braille notetaker, speech output devices)?
- Does the child have access to an array of technology devices (both low and high technology)?
- Does the child have access and use specialized technology to access the curriculum?

Visual Efficiency Skills

- Does the child systematically use residual vision efficiently?
- Does the child use aids to supplement residual vision effectively?

Self-determination Skills

- Doe the child assist in the planning of his/her educational program?
- Does the child have opportunities to make decisions about his/her educational program?

Section 4: RELATED DEFINITIONS

The following definitions were taken from Henderer, J. D. (Ed.). (2017). Dictionary of Eye Terminology (7th ed.). American Academy of Ophthalmology.

Acuity – The ability to see clearly and discriminate detail; measurement of the sharpness of vision as it relates to the ability to discriminate detail, including distance and near vision measurement with and without correction.

Adaptations – In materials and environment include but are not limited to color and contrast, illumination, low vision devices, modifications to the larger environment, modifications to a workspace, size and distance, space and arrangement, visual cues and landmarks.

Blindness – No more than light perception.

Blink Response – The contraction of the eyelid muscle, which spreads tears over the eyeball surface and limits the amount of light entering the eye.

Binocularity – The ability to use both eyes together to focus on the same object and see a single three-dimensional object.

Color Perception – The recognition and contrast of color resulting from stimulation of red, green, and blue cons receptors in the retina.

Communication Modes – Methods of nonsymbolic and symbolic communication such as natural, tactile, and object cues; gestures; pictures or line drawings; miniature objects or tangible symbols; speech; Braille; large print; Sign Language; and tactile communication.

Contrast Sensitivity – The ability to detect differences between foreground and background in terms of color or shading which enables items to be seen better.

Convergence Insufficiency – When a person's eyes do not properly turn inward to focus and provide binocular vision and a single image, which could affect a child's ability to read

Cortical Vision Impairment (CVI) – A category indicating blindness or visual impairment due to brain injury or dysfunction. Children in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment. A child whose visual performance is reduced by a brain injury or dysfunction may be considered blind or visually impaired for educational purposes when visual function meets the definition of blindness as determined by an

eye care specialist or neurologist. Cortical Visual Impairment may also be referred to in an ocular report as Functional Blindness.

Delayed Visual Maturation – A diagnosis used for visually impaired infants with (usually) normal eyes in the first year of life and refers to an absence of visual responsiveness despite apparently normal and intact visual pathways.

Depth Perception – The perception of three dimensions and the relative distance of objects from the viewer (over reaching, under reaching, and figure-ground discrimination).

Eccentric Viewing – A child will direct gaze differently for a best view and will appear not to look at an object directly; often the child uses part of their peripheral vision.

Expanded Core Curriculum (ECC)--A specialized curriculum for students who are blind or visually impaired, including the following nine areas: Compensatory Access, Orientation and Mobility, Sensory Efficiency, Social Interaction, Career Education, Self-Determination, Assistive Technology, Independent Living Skills, and Recreation/Leisure.

Fixation – Eye movements that achieve and maintain the image of objects on the fovea, an area in the back of the eye that produces the sharpest vision; the ability to direct a gaze and hold an object steadily in view.

Focus – The ability of the eyes to adjust giving clear vision.

Functional Vision Assessment – An assessment done to determine the manner in which a child functions visually in the everyday world, particularly in the educational setting, and administered by an educator endorsed to teach in a child with visual impairments.

Gaze Shift (pursuit mechanism) – A voluntary movement of eyes in an attempt to look at different objects.

Learning Media Assessment – An assessment of the most appropriate learning media (print, Braille, audio, digital or a combination of media) administered by a certified teacher of children with visual impairments that must take future needs into account.

Legal Blindness – Acuity of 20/200 or less in the better eye with best possible correction of a field of 20 degrees or less diameter in the better eye.

Low Vision - 1) Clinical definition: acuity between 20/70 and 20/400, and 2) functional definition: difficulty completing visual tasks but that can be improved using alternate strategies

Low Vision Considerations – Areas to include are: illumination, magnification, distance, size, depth perception, contrast, and color.

Mobility – The ability to safely navigate from one position in the environment to another.

Muscle Imbalance – A lack of coordination of the eye muscles.

Nystagmus – A functional defect characterized by involuntary, rhythmic side-to-side up and down or rotating eye movements.

Ophthalmologist – Medical doctor who specialized in the diagnosis and treatment of eye diseases and defects, prescribes glasses, contact lenses, prism lenses and/or exercises, and performs surgery.

Optometrist – Non-medical practitioner who measures refractive errors, eye muscle imbalances, prescribes glasses, contact lenses, or prism lenses.

Orientation and Mobility – Field of instruction which teaches systematic techniques of travel and orientation to people who are blind or visually impaired.

Orientation and Mobility Assessment – An assessment of travel, cane, and other safety techniques conducted by a certified orientation and mobility specialist.

Partially Sighted – A distance visual acuity of 20/70 or less in the better eye after correction; a near acuity equivalent to, or less than 8 point type at 40 centimeters in the better eye after correction; a central visual field loss of any degree in both eyes; or a peripheral visual field of 60 degrees or less in the better eye.

Photophobia – An abnormal sensitivity to, or discomfort from, light.

Pupillary Response – A decrease or increase in pupil size that occurs with direct light stimulation to the eye.

Reactions to Light – The manner in which the eye reacts to artificial light sources, sunlight, night vision.

Reflexive Responses – Those responses which are innate and are normally present at birth; pupil and blink responses.

Scanning – A systematic and coordinated use of the head and eyes to search for objects in the environment.

Tracking – The ability of the eyes to follow an object with smooth, fluid, and continuous movement; a systematic use of the eyes to follow an object or line of print.

Visual Accommodation – The adjustment of the eye for seeing at different distances achieved through changing the shape of the lens.

Visual Behaviors – Any behaviors that may indicate a visual deficiency: eccentric viewing, stereotypical behaviors, or fluctuating vision.

Visual Field – The entire area that can be seen without shifting the eyes or moving the head; the full extent of the area visible to an eye that is fixating straight ahead measured in degrees from fixation.

Visual Functioning – The manner in which an individual uses the ability to see and interpret what is seen.

Section 5: FREQUENTLY ASKED QUESTIONS

1. Is it necessary to have current vision information from an ophthalmologist or an optometrist to determine eligibility for verify a child with a visual impairment including blindness?

The documentation of an underlying eye condition, disease, or defect can be provided by an eye care specialist (optometrist or ophthalmologist);. however, it is not required in order for a multidisciplinary team to determine eligibility. An eye care specialist cannot determine eligibility of a visual impairment for the purposes of receiving education services. The determination of eligibility for verification of a visual impairment including blindness is the responsibility of the multidisciplinary team and must be based upon the adverse effects on the child's educational performance.

2. Should a child have a functional vision assessment to be determined eligible as a child with a visual impairment including blindness, and why is this important?

Yes. While an optometrist or ophthalmologist's exam can yield necessary information about a child's eye condition, it is required for the child's visual performance to be observed and assessed in natural environments with the visual challenges that will be encountered as part of the daily routines. This assessment helps to identify a child's needs with regard to, but not limited to, lighting, glare, size of print, tracking and searching skills, and efficient use of vision. The functional vision assessment should include details about the child's functioning across all environments.

3. Is it ever possible for a child with a visual acuity better than 20/70 to be eligible as a child with a visual impairment including blindness?

Yes. Some children may have excellent visual acuity, but may be identified or determined eligible as having a visual impairment including blindness, because the definition of visual impairment includes any impairment in vision that impacts a child's educational performance.

4. Can a child who is eligible as having a visual impairment including blindness also have other disabilities?

Yes, a child who is eligible for special education and related services in the area of visual impairment including blindness may have one or more additional disabilities. The MDT must determine whether the visual impairment is the primary disability of the child. When concomitant learning or developmental needs exist, the team must determine which area is the primary cause of the need.

5. Is Cortical Visual Impairment considered a visual impairment for eligibility?

Yes. A visual impairment is any impairment in vision that has the ability to impact a child's educational performance. Cortical visual impairment is a neurological condition that often causes an individual to function at the definition of blindness. However, eligibility would still be determined by the appropriate assessments and the MDT (see above).

6. Is it possible for a student's eligibility to change over time?

Yes, depending on the impact on educational needs, a child can be determined no longer eligible for special education and related services in the area of visual impairment if the child, through a comprehensive evaluation no longer has adverse effects on learning or any educational needs that impacts learning. This is determined by the evaluation results through an MDT.

7. As a teacher of the visually impaired, am I still able to use the criteria of 20/70 or 20/200 acuity for determining eligibility?

It depends. The acuity alone cannot be the sole modifier for determining if a child is eligible for special education and related services in the area of visual impairment, but can be one piece of information that is part of the functional vision assessment in making a decision if a child is eligible or not for special education and related services. It cannot or should not be the only criteria used, but as stated above should pull from a variety of sources to determine if a child has educational needs and the adverse effect on learning.

8. Do we have to include an eye report as part of the criteria for determining if a child is eligible for special education and related services in the area of visual impairment?

No- nothing in the regulations requires medical information in order to determine if a child has a need for special education and related services. If a MDT team does have that information, then it should be considered as part of the MDT report along with all the other required components.

SECTION 6: RESOURCES AND REFERENCES

REFERENCES

Corn, A.L., Hatlen, P., Huebner, K.M., et.al. (2002). The National Agenda for the Education of Children and Youth with Visual Impairments, Including Those with Multiple Disabilities. New York: American Foundation for the Blind.

Henderer, J. D. (Ed.). (2017). Dictionary of eye terminology (7th ed.). American Academy of Ophthalmology.

Koenig, A.L. and Holbrook, M. (1995). Learning Media Assessment of Children with Visual Impairments (2nd Edition). Texas: Texas School for the Blind and Visually Impaired.

Levack, N. Low Vision A Resource Guide with Adaptations for Children with Visual Impairments (2nd Edition). Texas: Texas School for the Blind and Visually Impaired, 1994.

Nebraska Department of Education, Rule 51: Regulations and Standards for Special Education Programs. Title 92, Nebraska Administrative Code, Chapter 51.

Public Law 108-446. Individuals with Disabilities Education Improvement Act of 2004, Proposed Regulations, Federal Register, June 21, 2005.

RESOURCES

Nebraska Assistive Technology Partnership (ATP) www.atp.nebraska.gov

Nebraska Center for the Education of Children Who Are Blind or Visually Impaired (NCECBVI) www.ncecbvi.org

Nebraska Commission for the Blind and Visually Impaired www.ncbvi.nebraska.gov

Nebraska Deaf-Blind Project www.nedbp.org; www.nebraskadeafblindproject.org

Nebraska Library Commission www.nlc.state.ne.us

Parent Training and Information (PTI-Nebraska) www.pti-nebraska.org

WEBSITES

American Council of the Blind (ACB) www.acb.org

Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) www.aerbvi.org

American Foundation for the Blind (AFB) www.afb.org

American Printing House for the Blind (APH) www.aph.org

Clearinghouse on Disability Information Office of Special Education and Rehabilitation Services (OSERS) www2.ed.gov

Council of Exceptional Children (CEC) www.cec.sped.org

Council of Schools for the Blind (CoSB) www.cosbvi.org

Education Resources Information Center (ERIC) www.eric.ed.gov

National Library Services for the Blind and Physically Handicapped (NLS) www.loc.gov/nls

National Rehabilitation Information Center (NARIC) www.NARIC.com