

LOW VISION EVALUATION (LVE)
PRE-CLINIC SCREENING QUESTIONNAIRE FOR
STUDENTS IN GEORGIA SCHOOLS

(To be completed by school and parent & sent to low vision optometrists prior to the LVE)

Name:

Date: **DOB/Age:**

Ocular diagnosis:

Reported acuities:

Distance: OD OS Intermediate: OD OS

Near: OD OS

Additional medical diagnoses/disabilities:

Date of most recent eye examination: **Eye doctor:**

(Please attach most recent eye report)

Previous low vision evaluation: YES NO If yes, date:

LVE-Pre-Clinic Questionnaire (Continued)

Person (s) completing this form:

Name of school:

TVI:

Grade: **Placement:** General education inclusion Special education separate class

Primary language:

ESOL: YES NO

Primary mode of communication: Speech ASL SEE Object board Picture symbols

Communication device - What kind:

Other- Explain:

Additional educational problems/disabilities:

Glasses:

Does the student wear his/her glasses? YES NO If yes, what task does the student use his/her glasses to complete (Check all that apply:)

Near tasks (reading) Intermediate tasks(Computer etc.) Distance Tasks (to see board)

What is the prescription for the current glasses the student is wearing? (Attach script if available).

LVE-Pre-Clinic Questionnaire (Continued)

Low Vision Devices/Accommodations currently using: (include working distance & tasks used for)

Optical:

Electronic:

Low tech:

Other:

Is the student a reader? YES NO

Is the student a non-reader? YES NO

If a reader, what is the student's primary/secondary reading media?

Standard print Primary Secondary

Point size, font, and working distance:

Large Print Primary Secondary

Point size, font, and working distance:

Braille Primary Secondary

Auditory Primary Secondary

Lighting/ Glare Sensitivity

LVE-Pre-Clinic Questionnaire (Continued)

Wears sunglasses to decrease light sensitivity? Outdoors Indoors

Wears a hat or visor to decrease glare? Outdoors Indoors

Uses special or task lighting? YES NO

Uses colored overlays? YES NO

Visual Fatigue: Describe visual fatigue if it applies and when it occurs:

VISUAL TASKS

Use the following key to indicate the appropriate statement for each task below:

N/A =Not Applicable

N=Not a problem

M=Mild problem

Y=Major Problem

O= Patient/student desired outcome

READING

Headlines

Large Print (textbooks, general reading & what point size & at what distance)

Standard print (textbooks & general reading)

Newspapers

Magazines

Maps/graphs/line drawings

Photographs & illustrations

Price tags/ labels

Low contrast text/fonts

Cursive writing

LVE-Pre-Clinic Questionnaire (Continued)

Menus

WRITING

Signing name

Manuscript writing

Cursive writing

Completing forms/ worksheets

Preferred writing accommodation(s): Slant board Bold line paper

Bold marker/pencil

DISTANCE TASKS

Recognize gestures

Recognize nonverbal communication

Seeing information for group viewing (Auditorium presentations, demonstrations, chalkboard, whiteboard, videos, computer projections, etc.)

Seeing poster, bulletin board, wall menus, etc.

COMPUTER

Seeing the computer screen

Finding the cursor on the screen

Using the mouse

What computer adaptations do you use and does it help?

Screen magnification software Does its help? YES NO

Adaptive Screen placement Does its help? YES NO

Screen reader software Does its help? YES NO

Glare control (What type?) Does its help? YES NO

Adaptive keyboard Does its help? YES NO

Working distance from the keyboard:

LVE-Pre-Clinic Questionnaire (Continued)

Working distance from the monitor:

MOBILITY

- Seeing curbs/stairs
- Traveling in familiar places
- Traveling in unfamiliar place
- Identifying traffic control (Stop signs, traffic lights).
- Reading street signs From what distances?:
- Accommodating to rapid lighting changes
- Safely crossing streets
- Travel at night or in low light
- Night accommodations issues
- Reading bus numbers

RECREATION & LEISURE

- Seeing to participate in board games
- Seeing to participate in team games
- Seeing to participate in art activities
- Seeing to participate in your hobbies
- Seeing to read or play music

OTHER TASKS

- Telling time: Digital Clock face
- Selecting food in a cafeteria
- Seeing food on your plate
- Seeing to accomplish grooming and hygiene tasks

LVE-Pre-Clinic Questionnaire (Continued)

STUDENT-IDENTIFIED CONCERNS/ EXPECTED OUTCOMES:

SCHOOL-RELATED CONCERNS/EXPECTED OUTCOMES:

EXTRA-CURRICULAR CONCERNS/EXPECTED OUTCOMES:

HOME/COMMUNITY CONCERNS/ EXPECTED OUTCOMES:



Teacher of the visually impaired Signature

Date

Parent signature

Date

Student signature

Date