LOW VISION EVALUATION (LVE) REPORT
FOR STUDENTS IN GEORGIA SCHOOLS

Items with an asterisk (*) are considered the minimal components of a Clinical Low Vision Evaluation Report for educational purposes.

*BACKGROUND INFORMATION

Student’s name ___________________________ Date of evaluation ___________________________

School system ___________________________ DOB /age ___________________________

Low vision clinic name ______________________ Low vision therapist (If attending) ______________________

Low vision optometrist/clinician’s name ___________________________

*MEDICAL HISTORY

Date of current medical eye examination ___________________________

Name of clinician ___________________________ Check one: □ MD □ OD

Reported ocular diagnosis from medical eye examination

__________________________________________________________________________

Previous LVE □ Yes □ No. If yes ,date. ___________________________

*Please attach current medical eye report (Mandatory) and most recent LVE report (if applicable).

Additional disabilities/medical problems:

__________________________________________________________________________

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**VISUAL ACUITIES:**

<table>
<thead>
<tr>
<th></th>
<th>Distance (20’ or less as determined by clinician) (Please indicate at what distance)</th>
<th>Intermediate (18”-36”) (Please indicate at what distance)</th>
<th>Near (Up to 16”) (Please indicate at what distance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without Correction</td>
<td>With Correction</td>
<td>Without Correction</td>
</tr>
<tr>
<td>O.D.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O.U.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visual Fields: (Check one).**

- Interpretation of formal visual fields testing from primary eye care physician by low vision optometrist:
  - Results:

- OR

  - Determination of confrontation visual fields by low vision optometrist:
  - Results:

**COLOR VISION SCREENING (Check all that apply)**

- Farnsworth D-15
- Farnsworth D-15 jumbo
- Farnsworth D-15 matching
- Ishihara color plates
- Other color vision screening (Please specify)

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**Refractive Evaluation**

<table>
<thead>
<tr>
<th></th>
<th>Sphere</th>
<th>Cylinder</th>
<th>Axis</th>
<th>Prism</th>
<th>Add</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye (OD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left eye (OS)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Binocularity (Check one)**

- [ ] Binocular
- [ ] Monocular
- [ ] Bi-ocular (Each eye is working independent of the other one).

Preferred eye

**Contrast Sensitivity**

Type of sensitivity:

Degree of sensitivity:

Illumination needs:

Glare issues:
*Contrast Sensitivity (Continued)*

Color/background contrast needs:

General impressions:

Concerns of student/family and recommendations:

Activity restrictions (if any):

Eye safety recommendations:

Additional evaluations/tests needed:

Devices recommended to access instruction in appropriate development sequence:

- **NEAR**
  - Optical:
  - Non-optical:
  - Electronic/software:

- **INTERMEDIATE**
  - Optical:
  - Non-optical:
  - Electronic/software:

- **DISTANCE**
  - Optical:
  - Non-optical:
  - Electronic/software:

Lighting and glare control:

Seating recommendations:

Recommendations for binocularity issues (if any):

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Recommendations for use of devices for specific tasks needed to access instruction:

Recommendations for future low vision evaluations:

Low Vision Optometrist Signature

Date of LVE

Low Vision Therapist Signature