

Name of Student:

Date:

## Disability Determination Visual Impairment

### Exclusionary Criteria

The IEP team has **ruled out** the following factors to be the primary basis for the student's learning difficulties:

- Intellectual       Behavioral       Cultural       Linguistic

### Inclusionary Criteria

The student must demonstrate **1 or more** of the following:

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Visual Acuity Loss.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual Field Loss.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Changing or Degenerating Physical Condition affecting vision. |

Other Information

- The student meets the Visual Impairment criteria.  
 The student does not meet the Visual Impairment criteria.