FUNCTIONAL VISION ASSESSMENT
CHILDREN AND ADULTS

Assessor: _____ Assessment Date(s):_____

Student's Name: _____ Birth Date: _____

School: _____Program: _____ Grade: ____-__

REVIEW OF RECORDS

Visual Diagnosis: _____

Visual Prognosis: ☐ stable ☐deteriorating ☐capable of improvement ☐unknown

Eye Doctor: Name: _____ Phone: _____

Address: _____

Date of most recent assessment: _____

Name: _____ Phone: _____

Address: _____

Date of most recent assessment: _____

Visual Acuity without correction from doctor's report:

OD (right): _____ OS (left): _____ OU (both): _____

Visual Acuity with correction from doctor's report:

OD (right): _____ OS (left): _____ OU (both): _____

Glasses Prescribed: ____ Near ___ Distance

Contacts: _____ yes _____ no

Sunglasses: _____ yes ____ no

Visual Field from doctor's report: _____

Surgeries: _____

Doctor's recommended activity limitations: _____

Other Relevant Health/Medical/Educational Information: (If this FVA is part of a complete Triennial, other health/medical information may not need to be repeated.)

INTERVIEW

How is your vision doing?

_____

_____

What are your main concerns?

_____

_____

What is most difficult at school?

_____

_____

What is most difficult at home?

_____

_____

Are you using any current low vision aids?

_____

_____

Assistive technology? (brands & style)

_____

_____

1A. READING

List current reading activities: _____

_____

Are you using large print books? ____ Font size? ____

Check desired reading tasks currently unable to perform:

☐ Usual reading material (specify grade level if in school and type of material)_____

_____

☐ textbooks	☐ dictionary	☐ labels and price tags
☐ paperback books	☐ bills, letters	☐ maps, charts, graphs
☐ newspaper text	☐ newspaper headlines	☐ wall menus
☐ menus	☐ stove, radio, TV dials	☐ food & medicine labels
☐ cookbooks	☐ sheet music	☐ other_____

Eye Fatigue yes/no

1B. KNOWLEDGE OF EYE CONDITION

Describes eye condition information as follows: _____

_____

Comments:_____

_____

_____

_

2. OBSERVATION

2A. UNUSUAL VISUAL BEHAVIORS

☐ Presses eyes ☐ Head tilt when viewing ☐ Light flicks

☐ Pokes eyes ☐ Twirls or spins objects ☐ Shakes head side to side

☐ Other

Comments_____

_____

_____

2B. SOCIAL BEHAVIORS DEPENDENT UPON VISION CUES

☐ Identifies people from distance (specify distance) _____

☐ Identifies facial expressions (specify distance) _____

☐ Maintains appropriate social distance when talking (specify distance) _____

☐ Uses appropriate gestures (*for school-age students primarily*) _____

☐ Recognizes gestures of others_____

☐ Uses eye contact appropriately _____

☐ Other (specify) _____

2C. BRIGHTNESS SENSITIVITY

☐ Sunglasses outdoors ☐ wears regularly ☐rarely uses

☐ Requires tints indoors ☐ wears regularly ☐rarely uses

☐ Visor ☐ wears regularly ☐rarely uses

☐ Sun hat (Baseball cap) ☐ wears regularly ☐rarely uses

☐ Directional lighting: near tasks ☐ uses regularly ☐rarely uses

☐ Squints in bright light ☐ avoids looking toward bright light

☐ Visually disoriented for ___minutes when going from indoors to outdoors

☐ Visually disoriented for ___minutes when going from outdoors to indoors

☐ Performs near tasks more accurately or easily with directional light on tasks *(based on information from observation and/or tests of visual acuity)*

Comments_____

_____

_____

2D. APPEARANCE OF EYES

List any unusual appearance of the eyes that should be evaluated by an eye doctor.

_____

_____

2E. PREFERRED MODES OF VIEWING

Natural viewing distance for viewing up close_____

Natural viewing distance for viewing far away_____

Head tilt? _____

☐ Must first touch or hear object before vision is used to investigate it. *(Often associated with cortical visual impairment.)*

Comments_____

_____

2F. EYE PREFERENCE FOR NEAR WORK

If consistently holds objects or reading material under one eye compared to another, that eye is the preferred eye for near work.

Eye preference: ☐ RE ☐ LE ☐ None Observed

Comments_____

_____

2G. ASSISTIVE DEVICES

Describe efficiency and independence when using devices

_____

_____

2H. ORGANIZATION

Describe organizational skills/patterns

_____

_____

_____

Level of independence

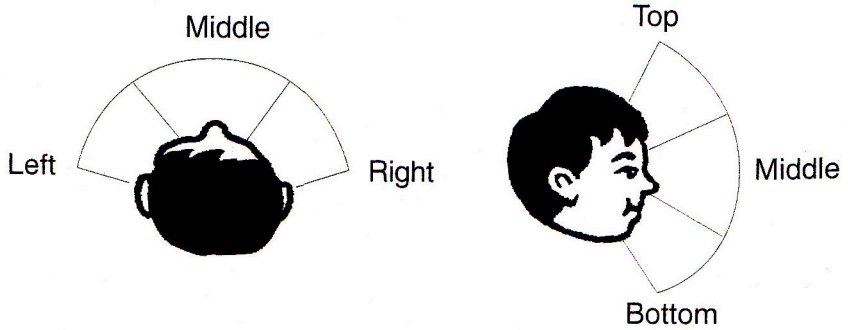
_____

_____

_____

3.DIRECT ASSESSMENT

3A. PERIPHERAL VISUAL FIELDS (Confrontation Field Test)



(*Note: Color in area where targets are* ***not*** *seen)*

When moving, often bumps into objects: ☐to the left ☐to the right ☐above ☐below

Comments_____

_____

_____

3B. DISTANCE VISUAL ACUITY

Test Administered: _____

☐ With correction ☐ without correction

Distance Presented_____ Symbol Size Read _____

Visual Acuity (Test Distance/Symbol Size) _____

Converted to Equivalent Snellen Acuity_____

Additional Comments:

3C. NEAR VISUAL ACUITY

Test Administered:_____

☐ With correction ☐ without correction

☐ With directional lamp or ☐ under usual room illumination

Symbol Size Read Most Comfortably: M units or Point Size_____ Distance _____

Smallest Symbol Size Read (Threshold): M units or Point Size____ Distance _____

Comments_____

3D. CONTRAST SENSITIVITY

Test Administered: _____

Describe Lighting: _____

Comments: _____

3E. COLOR

Test Administered: _____

Comments: _____

☐ Demonstrates color preferences *(specify colors)*_____

Comments_____

_____

3F. READING

Many of these factors can be measured in conjunction with formal reading tests (i.e., MN Read, reading level inventories) or usual reading material.

Evaluate 2 different reading tasks (i.e. textbook, maps, pleasure reading, magazine…)

Task 1: Description_____

Print Size_____

Distance _____

Comments (ex. Finger guide, missing words, loses place, posture…)

_____

_____

_____

Task 2: Description _____

Print Size_____

Distance _____

Comments (ex. Finger guide, missing words, loses place, posture…)

_____

_____

_____

3G. WRITING

☐ Handwriting is legible

☐ Reads own handwriting

☐ Uses optical device to assist with handwriting (describe)_____

Comments:_____

_____

_

3H. COPYING AND LOCATION SKILLS (if appropriate to student)

Locating items while reading

☐ Locates page numbers in a book easily

☐ Locates words in table of contents, glossary or index easily

☐ Locates items on maps, charts, graphs easily

☐ Can follow unusual formats (e.g., columns, sidebars, descriptions under pictures, bills)

Copying *(Describe speed, accuracy, and distance)*

☐ Copies from board

_____

☐ Copies from books _____

3I. PICTURE AND PHOTOGRAPH RECOGNITION

☐ Recognizes simple pictures: smallest size_____

☐ Recognizes complex pictures: smallest size _____

☐ Recognizes black/white photos of people: smallest size_____

☐ Recognizes color photos of people: smallest size _____

Comments_____

_____

3J. EYE-HAND COORDINATION (for students in primary grades)

Consider student's grade level.

☐ Draws lines

☐ Draws intersecting lines

☐ Colors within lines

☐ Draws shapes (specify) _____

☐ Cuts along lines

☐ Pastes within lines

☐ Accurate reach for objects

☐ Accurate placement of objects

Comments_____

_____