SHIAWASSEE REGIONAL EDUCATION SERVICE DISTRICT
MULTIDISCIPLINARY EVALUATION TEAM REPORT
VISUAL IMPAIRMENT

MET

Rule #340.1708

Student_____ B.D. _____ Date _____

1. Does this student manifest the following characteristic?

   A visual impairment (partial sight, blindness, and/or progressively deteriorating eye condition) which interferes with development, or which adversely affects educational performance.　　　　Yes _____　　　No _____

2. Has this determination been based on a full and individual evaluation by a multidisciplinary evaluation team which included all of the following:

   (a) an eye report by an ophthalmologist or optometrist? (Report attached)　　Yes _____　　　No _____

   (b) a functional vision assessment by a teacher of students with visual impairment.　　Yes _____　　　No _____

   (c) a learning media assessment by a teacher of students with visual Impairment.　　Yes _____　　　No _____

3. A certified orientation and mobility specialist conducted an orientation and mobility evaluation that complies with subrule (4) of this rule for a student who satisfies at least 1 of the following:

   (a) a visual acuity of 20/200 or less after routine refractive correction.　　Yes _____　　　No _____

   (b) A peripheral field of vision restricted to 20 degrees or less　　Yes _____　　　No _____

   (c) A visual acuity of 20/200 or more and a recommendation by a teacher of students with visual impairment, an ophthalmologist, or an optometrist after an evaluation.　　Yes _____　　　No _____

4. A certified orientation and mobility specialist conducted evaluation in familiar and unfamiliar settings and under a variety of lighting and terrain conditions and shall take into consideration the individual needs of the students.　　Yes _____　　　No _____

5. Is the determinant factor for finding the student impaired a:
   (a) Lack of instruction in reading or math?　　Yes _____　　　No _____
   (b) Limited English proficiency?　　Yes _____　　　No _____

7. We recommend to the IEPT that this student:

   _____　　A. Is eligible as a student with a Visual Impairment Rule #340.1708, 340.1721(a)7.

   _____　　B. Is not eligible for certification as a student with a Visual Impairment Rule #340.1708, 340.1721(a)7.

Name	Title	Agree	Disagree**
_____			
*VI Consultant			
_____			
Teacher(s)			

*Mandated persons. R340.1708(2) Minimum of two persons responsible to evaluate. R340.1701b(b)
**If not in agreement a minority report may be attached presenting the individual's conclusions.