

Eye Condition Data Sheet

Student: _____ School: _____ Grade _____

VI Teacher _____ O&M Instructor _____

| Skill | Date: | Date: |
|---|-------|-------|
| States visual acuity | | |
| Explains what the visual acuity means in his own words | | |
| States visual anomaly or eye disease | | |
| Defines visual anomaly or eye disease in his own words | | |
| Able to differentiate what to say about visual impairment to: | | |
| • Peer | | |
| • Classroom Teacher | | |
| • Gym Teacher | | |
| • Other Service Providers | | |
| • Parents | | |
| • Medical Experts | | |

I = Independent SI = Semi Independent (self-initiates; requires minimal assistance) AN = Assistance Needed U = Unable to perform