

**VISUAL IMPAIRMENT  
(Including Blindness)  
EARLY CHILDHOOD SPECIAL EDUCATION**

**I. DEFINITION**

"Visual Impairment including blindness" means an impairment in vision that, even with correction, adversely affects a child's developmental/educational performance. This term includes both partial sight and blindness. This impairment refers to abnormality of the eyes, the optic nerves or the visual center for the brain resulting in decreased visual acuity.

Students with visual impairments are identified as those with a corrected visual acuity of 20/70 or less in the better eye or field restriction of less than 20 degrees at its widest point or identified as cortically visually impaired and functioning at the definition of legal blindness.

**II. SCREENING INFORMATION**

**A. Required**

1. Hearing
2. Vision
  - a. For some children, vision screening may consist of observations of possible deficits in visual functioning. Such observations should be confirmed, when possible, by an eye care specialist (optometrist or ophthalmologist) to include near point and distance vision acuities when such measures can be obtained. Screening of this nature may be obtained through a low vision clinic.
3. Formal measures of -
  - a. Development (May include the areas of cognition, communication, motor, social/behavioral, and self-help).
  - b. Screening can be waived if current developmental data [within the past six (6) months] are available; otherwise, it is required.

**B. Recommended**

1. Informal measures, such as -
  - a. Checklists;
  - b. Inventories;
  - c. Rating scales;
  - d. Interviews;
  - e. Observation in home and/or other preschool environments; and/or
  - f. Access to and review of existing records and available information.

**III. REQUIRED EVALUATION DATA**

**A. Social History** (Emphasis on developmental, family and health/medical)

**B. Assessment**

1. Medical (Including an evaluation by either an ophthalmologist or optometrist conducted within the past year, comprised of visual acuity, refractive errors, prescription correction where indicated, etiology, prognosis and low vision evaluation.)
2. Cognitive/Intellectual Abilities (May be assessed through a formal evaluation or in the program assessment.)
3. Social/Behavioral (One adaptive behavior assessment required)
4. Self-Help (May be included in the adaptive behavior, cognitive/intellectual and/or the programming assessments)
5. Communicative Abilities
  - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive and must not be limited to one-word vocabulary tests.)
  - b. Articulation (When indicated)



9. Holds head in an awkward position to look at something
10. Holds a book or other objects in a peculiar position to look at them
11. Constantly ask others for environmental information
12. Shows unusual signs of fatigue or inattentiveness
13. Exhibits repetitive self stimulation behavior

**B. Appearance**

1. Crossed eyes
2. Red-rimmed, encrusted, or swollen eyelids
3. Inflamed or watery eyes
4. Recurring styes

**C. Complaints**

1. Eyes itch, burn or feel scratchy
2. Cannot see well
3. Dizziness, headaches, or nausea following close eye work

**D. Communicative Abilities**

1. Less effective use of nonverbal communications
2. Uses less lip movement in the articulation of sounds
3. Excessive echolalia
4. Constantly asks others for environmental information

Children with visual impairments are those who, because of the type and degree of visual impairment, are unable to perform satisfactorily without modifications in curriculum and instructional materials, equipment and methods. Effects of visual impairment vary depending on the severity of the impairment, age of onset of impairment, developmental opportunities, and the type and degree of any other disability.