

**Student with Blindness-Visual Impairment  
AT-A-GLANCE FORM**

District \_\_\_\_\_  
Campus \_\_\_\_\_

STUDENT \_\_\_\_\_

SY: \_\_\_\_\_ - \_\_\_\_\_

DOB \_\_\_\_\_ Grade Level \_\_\_\_\_ Functioning Level \_\_\_\_\_

**Primary Reading Medium**  
\_\_\_\_\_  
\_\_\_\_\_

VI Diagnosis/Condition: \_\_\_\_\_ CVI: YES NO

Frequency of Services: \_\_\_\_\_ Day(s) of week/month: \_\_\_\_\_

O&M Services: YES NO COMS: \_\_\_\_\_

FVE/LMA report date: \_\_\_\_\_ TSVI: \_\_\_\_\_

Low Vision Evaluation report date: \_\_\_\_\_

Communication Mode(s): \_\_\_\_\_

ELIGIBILITY(IES) (circle): AU BVI DB DHH ED ID MD  
NCEC OHI OI SLI SLD TBI AT

BIP: YES NO

**DESIRED TRANSITION OUTCOME AT THIS TIME (circle):  
(based on family conversation)**

- **Residence:** HOME WITH FAMILY GROUP HOME  
CARE FACILITY INDEPENDENT other \_\_\_\_\_
- **Day Activity:** DAY ACTIVITY CENTER JOB VOC TRAINING  
COLLEGE/TECH SCHOOL NO PLAN other \_\_\_\_\_
- **Interests, Skills:** \_\_\_\_\_  
\_\_\_\_\_

**DEVICES: Low Vision / Braille Production**

- \_\_\_\_\_  
# \_\_\_\_\_

- \_\_\_\_\_  
# \_\_\_\_\_

- \_\_\_\_\_  
# \_\_\_\_\_

- \_\_\_\_\_  
# \_\_\_\_\_

**Summary of IEP Goals/Obj for VI / O&M / ECC:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOMMODATIONS (circle):** physical classroom layout avoid glare allow use of sunglasses, cap  
extended time rest eyes to ease/prevent eye fatigue near / distance magnification AT  
preferential seating materials presentation for R or L eye Large Print – point size \_\_\_\_\_  
audio recordings Braille materials raised-line drawings tactile models of graphic materials  
verbal descriptions of visual aids copy of class notes software high contrast  
special lighting wait time for visual processing & response cortical visual impairment protocol

\_\_\_\_\_  
\_\_\_\_\_

