

Date _____

**WASHOE COUNTY SCHOOL DISTRICT
STATEMENT OF ELIGIBILITY
ELIGIBILITY TEAM REPORT
VISUAL IMPAIRMENT**

Pupil's Name _____ Birthdate _____ Grade _____

According to state regulations (NAC 388.395):

- This pupil **is not eligible** for special education under the category of visual impairment.
- This pupil **is eligible** for special education under the category of visual impairment, based on the following criteria.

CRITERIA FOR VISUAL IMPAIRMENT

SEVERE

- The visual acuity of the pupil does not exceed 20/200 in the better eye;
- The vision of the pupil in the better eye is restricted to a field which subtends an arc of not more than 20 degrees; or
- The pupil suffers from a progressive deterioration of the pupil's vision, the probable result of which will be one or both of the conditions described above.

MODERATE

- The visual acuity of the pupil is 20/70 or less in the better eye with the best possible correction; or
- The pupil suffers from a progressive deterioration of the pupil's vision, the probable result of which will be the condition described above.

DEAF-BLINDNESS

- The pupil meets the criteria for visual impairment above and is deaf or hard of hearing (must complete eligibility statement for hearing impairment).

Eligibility Team Members:

The eligibility team may include a teacher or specialist in the field of vision impairment and must consist of a parent of the pupil and not fewer than three persons with expertise in one or more of the following areas: vision, vision impairment, the interpretation of an assessment of health or academic achievement.

Eligibility Team Members:

Signature/Parent	Agree/Disagree	Signature/Title	Agree/Disagree
Signature/Title	Agree/Disagree	Signature/Title	Agree/Disagree
Signature/Title	Agree/Disagree	Signature/Title	Agree/Disagree

- Any decision of an eligibility team must be justified in a written report. Parents have been provided a copy of the report and any other documentation relating to the determination of the pupil's eligibility. (NAC 388.340.4)

SES 10-A3 VH

10/05

Distribution: 1-IEP file 2-Psychological Services 3-Parent/Guardian