# CRITERIA FOR DISABILITY CATEGORY

## BLIND AND VISUALLY IMPAIRED

### Form ER-1-BVI (Rev. 11/2022)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Evaluation *(Must complete all sections)*  Reevaluation *(Must complete section III)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if during a reevaluation, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the deafblind criteria form.

Blind and visually impaired means even after correction a student’s visual functioning adversely affects educational performance. [PI 11.36 (3) Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(3)).

Criteria\* for the disability category of blind and visually impaired can be documented as follows:

## SECTION I. FUNCTIONAL VISION EVALUATION

*Both must be checked Yes.*

Yes  No A teacher of the blind and visually impaired [PI 34.051](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2034.051) conducted a functional vision evaluation, including all of the following *(all must be checked):*

Review of medical information from an ophthalmologist or optometrist. *Explain or reference data or evidence:*

Formal / informal tests of visual functioning. *Explain or reference data or evidence:*

Determination of the educational implications and curricular needs. *Explain or reference data or evidence:*

Yes  No The student’s visual functioning adversely affects educational performance. *Explain or reference data or evidence:*

## SECTION II. ORIENTATION AND MOBILITY NEEDS

*Orientation and mobility needs must be evaluated.*

Yes  No An orientation and mobility specialist evaluated the student to determine if there are related orientation and mobility needs in home, school, or community environments.

Yes  No The student has orientation and mobility needs. *Explain or reference data or evidence and include a description of the orientation and mobility needs:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

*A child may meet criteria for Blind and Visually Impaired even if they do not have orientation and mobility needs.*

Initial Evaluation

Yes  No The documentation of the criteria above demonstrates even after correction a student’s visual functioning adversely affects educational performance*.* The student meets the disability category criteria under **Blind and Visually Impaired.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluation

Yes  No The student was previously found eligible as meeting the disability category criteria under Blind and Visually Impaired and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student who previously met criteria under the disability category of Blind and Visually Impaired is not required to meet initial identification criteria upon reevaluation.