

LOW VISION EVALUATION (LVE)
PRE-CLINIC SCREENING QUESTIONNAIRE FOR
STUDENTS IN GEORGIA SCHOOLS

(To be completed by school and parent & sent to low vision optometrists prior to the LVE)

Name:

Date:

DOB/Age:

Ocular diagnosis:

Reported acuities:

Distance: OD OS Intermediate: OD OS

Near: OD OS

Additional medical diagnoses/disabilities:

Date of most recent eye examination: Eye doctor:

(Please attach most recent eye report)

Previous low vision evaluation: ☐ YES ☐ NO If yes, date:

LVE-Pre-Clinic Questionnaire (Continued)

Person (s) completing this form:

Name of school:

TVI:

Grade:**Placement:** ☐ General education inclusion ☐ Special education separate class

Primary language:

ESOL: ☐ YES ☐ NO

Primary mode of communication: ☐ Speech ☐ ASL ☐ SEE ☐ Object board ☐ Picture symbols

☐ Communication device - What kind:

☐ Other- Explain:

Additional educational problems/disabilities:

Glasses:

Does the student wear his/her glasses? ☐ YES ☐ NO If yes, what task does the student use his/her glasses to complete (Check all that apply:)

☐ Near tasks (reading) ☐ Intermediate tasks(Computer etc.) ☐ Distance Tasks (to see board)

What is the prescription for the current glasses the student is wearing? (Attach script if available).

LVE-Pre-Clinic Questionnaire (Continued)

Low Vision Devices/Accommodations currently using: (include working distance & tasks used for)

Optical:

Electronic:

Low tech:

Other:

Is the student a reader? ☐ YES ☐ NO

Is the student a non-reader? ☐ YES ☐ NO

If a reader, what is the student's primary/secondary reading media?

Standard print ☐ Primary ☐ Secondary

Point size, font, and working distance:

Large Print ☐ Primary ☐ Secondary

Point size, font, and working distance:

Braille ☐ Primary ☐ Secondary

Auditory ☐ Primary ☐ Secondary

Lighting/ Glare Sensitivity

LVE-Pre-Clinic Questionnaire (Continued)

Wears sunglasses to decrease light sensitivity? ☐ Outdoors ☐ Indoors

Wears a hat or visor to decrease glare? ☐ Outdoors ☐ Indoors

Uses special or task lighting? ☐ YES ☐ NO

Uses colored overlays? ☐ YES ☐ NO

Visual Fatigue: Describe visual fatigue if it applies and when it occurs:

VISUAL TASKS

Use the following key to indicate the appropriate statement for each task below:

N/A =Not Applicable

N=Not a problem

M=Mild problem

Y=Major Problem

O= Patient/student desired outcome

READING

☐

Headlines

☐

Large Print (textbooks, general reading & what point size & at what distance)

☐

Standard print (textbooks & general reading)

☐

Newspapers

☐

Magazines

☐

Maps/graphs/line drawings

☐

Photographs & illustrations

☐

Price tags/ labels

☐

Low contrast text/fonts

☐

Cursive writing

LVE-Pre-Clinic Questionnaire (Continued)

☐ Menus

WRITING

☐ Signing name

☐ Manuscript writing

☐ Cursive writing

☐ Completing forms/ worksheets

Preferred writing accommodation(s): ☐ Slant board ☐ Bold line paper

☐ Bold marker/pencil

DISTANCE TASKS

☐ Recognize gestures

☐ Recognize nonverbal communication

☐ Seeing information for group viewing (Auditorium presentations, demonstrations, chalkboard, whiteboard, videos, computer projections, etc.)

☐ Seeing poster, bulletin board, wall menus, etc.

COMPUTER

☐ Seeing the computer screen

☐ Finding the cursor on the screen

☐ Using the mouse

What computer adaptations do you use and does it help?

☐ Screen magnification software Does its help? ☐ YES ☐ NO

☐ Adaptive Screen placement Does its help? ☐ YES ☐ NO

☐ Screen reader software Does its help? ☐ YES ☐ NO

☐ Glare control (What type?) Does its help? ☐ YES ☐ NO

☐ Adaptive keyboard Does its help? ☐ YES ☐ NO

Working distance from the keyboard:

LVE-Pre-Clinic Questionnaire (Continued)

Working distance from the monitor:

MOBILITY

☐ Seeing curbs/stairs

☐ Traveling in familiar places

☐ Traveling in unfamiliar place

☐ Identifying traffic control (Stop signs, traffic lights).

☐ Reading street signs From what distances?:

☐ Accommodating to rapid lighting changes

☐ Safely crossing streets

☐ Travel at night or in low light

☐ Night accommodations issues

☐ Reading bus numbers

RECREATION & LEISURE

☐ Seeing to participate in board games

☐ Seeing to participate in team games

☐ Seeing to participate in art activities

☐ Seeing to participate in your hobbies

☐ Seeing to read or play music

OTHER TASKS

☐ Telling time: ☐ Digital ☐ Clock face

☐ Selecting food in a cafeteria

☐ Seeing food on your plate

☐ Seeing to accomplish grooming and hygiene tasks

LVE-Pre-Clinic Questionnaire (Continued)

STUDENT-IDENTIFIED CONCERNS/ EXPECTED OUTCOMES:

SCHOOL-RELATED CONCERNS/EXPECTED OUTCOMES:

EXTRA-CURRICULAR CONCERNS/EXPECTED OUTCOMES:

HOME/COMMUNITY CONCERNS/ EXPECTED OUTCOMES:

Teacher of the visually impaired Signature

Date

Parent signature

Date

Student signature

Date