

OCULAR REPORT FOR PERSONS WITH VISUAL PROBLEMS

PURPOSES:

To serve school administrators and special educators in determining school placement for students with visual impairments.

To register all legally blind* students (excluding college) with the American Printing House for the Blind, Inc.

To determine eligibility of visually limited students, not in programs for the visually impaired, for educationally adapted materials from the Services for the Visually Impaired.

To determine eligibility of all post high school persons requesting materials from the Services for the Visually Impaired.

To be used by the Illinois Department of Public Health in registering seriously visually limited persons.

**Those children who have central visual acuity of 20/200 or less in the better eye with correcting glasses or peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20°.*

CONFIDENTIAL

ILLINOIS INSTRUCTIONAL MATERIALS CENTER

OCULAR REPORT FOR PERSONS WITH VISUAL PROBLEMS

NAME	SOCIAL SECURITY	SEX	DATE OF BIRTH
ADDRESS (Street, City, Zip Code)	PARENT OR GUARDIAN		PHONE
ATTENDANCE SCHOOL DISTRICT (Name and Number)	RESIDENT SCHOOL DISTRICT (Name and Number)		GRADE

I. Measurements

INSTRUCTIONS FOR COMPLETING TABLE BELOW

A. Distant Vision

Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200, record distance at which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200)

If the 200 foot letter is not recognized at 1 foot record the abbreviation for best distant vision as follows:

CF and definite distance – counts fingers at definite distance i.e., CF 1'

HM and definite distance – hand movement at definite distance i.e., HM 1'

OP – Object Perception

LP – Light Perception (without projection)

NIL – Totally blind

ENUC – Enucleated (eyeball removed)

PROS – Prosthesis (artificial eye)

ANOPH – Anophthalmos (absence of true eyeball)

FB – (Functionally Blind) In examiner's opinion, student's vision is 20/200 or less in better eye with maximum correction.

B. Near Vision

Use standard A.M.A. notation.

FILL IN BOTH DISTANT AND NEAR VISION

A. DISTANT VISION			B. NEAR VISION		C. PRESCRIPTION			
VISUAL ACUITY	Without Correction	With Best Spectacle Correction	Without Correction	With Best Spectacle Correction	SPH.	CYL.	AXIS	ADD
Right Eye								
Left Eye								
Both Eyes					Date of Above RX			

COMMENTS:

VISUAL FIELD RESTRICTION? yes no

If yes, widest remaining visual field (in degrees) RIGHT _____ LEFT _____
 Significant Field Restriction (please describe) _____

IMPAIRED COLOR PERCEPTION? yes no Which colors? _____

OVERALL DIAGNOSIS/ETIOLOGY

RE/ _____

LE/ _____

II. Treatment Recommended

Please check if appropriate:

- Medication
- Surgery
- Glasses Contact Lenses
 - Constant Wear
 - Near Vision Only
 - Far Vision Only

Low Vision Aid

Occlusion RE _____ LE _____

Low Vision Aid Prescribed:

Distant: Type _____ RE _____ LE _____

Near: Type _____ RE _____ LE _____

Lighting Requirements

- Average
- Other _____

Restricted Physical/Recreational Activities

- No Restrictions
- Restrictions _____

Other: _____

VISION PROGNOSIS

Pupil's vision impairment is considered to be:

- Stable
- Capable of Improvement
- Deteriorating
- Uncertain

RE-EXAMINATION ADVISED

- Six Months
- Twelve Months
- Other _____

COMMENTS:

TYPE OF EXAMINER

- Ophthalmologist EENT
- Optometrist Other M.D. (specify) _____

NAME OF EXAMINER _____

STREET ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DATE OF EXAMINATION _____

Signature of Examiner

Permission granted to use this information for purposes stated on this ocular report form.

Date _____ *Signature of Person, if 18; or Parent or Legal Guardian*

TO BE FORWARDED BY EXAMINER

TO:

If above name and address not completed, forward this form to:

**IIMC
1850 W. Roosevelt Road
Chicago, IL 60606-1228**