

Braille (?) Needs Assessment

For students with vision impairment

Student's name

Date of birth

Age/Year level

Profile completed by

Date

Profile review date

Diagnosis causing student's vision impairment

If you selected Other, please indicate the diagnosis below

Nature of student's eye condition

Unchanging Variable Likely to change Progressive



Does the student have nystagmus?

No Yes



Does the student have any of the following visual considerations e.g., glare (photophobia), reduced contrast sensitivity, visual field loss?

No Yes



Does the student have additional disabilities and/or other health conditions?

No Yes



Binocular distance visual acuity or distance visual acuity of the better seeing eye

6/12-6/18 <6/18-6/60 <6/60-3/60 <3/60-No LP



Binocular near vision or near vision of the better seeing eye

- N12-N18 >N18-N24 >N24-N36 >N36



What is the student's capacity to sustain near activities using a low vision aid?

- Doesn't use a low vision aid Sustained reading Spot reading only



What is the student's preferred near viewing distance?

- 30-20cms <20-10cms <10-5cms Nose touches text



What is the student's preferred text size?

- N12 N18 N24 N36 >N40



What is the student's visual reading stamina?

- All day 1-2 hours Fluctuates <5 mins



Can the student read their own handwriting?

- Yes No



In preparation for touch reading, can the student tactually discriminate geometric shapes?

- No Yes



What is the student's current literacy media?

- Braille Print Audio Digital Dual media

Future literacy media options to be considered

What are the educational and/or vocational goals and aspirations of the student and his or her parents/caregivers?

Should braille remain on the agenda?

Yes

No

Family and Team Members consulted:

Role	Name	Date

Date of next recommended Braille(?) Needs Assessment:

Comments: