Assessment of children with a vision impairment
The Guidance Officer role within the PLVC

- Part of a multidisciplinary team – collaboration and referral to a team of professionals that link the child and family into other services (AVT support, school based support, O&M services, Vision Australia)
- Primary role is ensuring appropriate educational program and placement for child.
- Short term counseling for children and their families – involvement is brief in nature and is designed to support key players at a local level (e.g. school Guidance Officer)
- Advocacy for appropriate support within schools
- Referral to appropriate support agencies for families – DSQ, respite, centerlink, child care
- Support for local level assessment or direct assessment of child’s developmental level and if appropriate cognitive development
- Development of resources, professional development and research to support students with a vision impairment.
Assessment of children with a vision Impairment

• Before assessment……… Gather Data
  • Obtain information about the etiology and characteristics of the vision loss, severity, age of onset and medical history (Is it ocular difficulty only or is it a part of a larger syndrome with other possible learning and behaviour complications? Is it static or progressive?
  • Current information about child’s functional vision should be obtained through consultation with AVT – VI, class teacher, O & M specialists, medical reports and therapy reports (speech, physio and Occupational Therapy)
  • Gather information from many sources and allow this comprehensive information to guide the assessment ****One test’s results are not conclusive evidence to support any hypothesis ***
  • Speak to the parents/carers – they know their child best and have insight into the child’s functional vision across a variety of environments.
  • Spend time observing the child and developing a rapport in different settings (classroom and playground) – observations offer insight into strengths and interests which are useful when developing recommendations and support plans.
Develop a plan…..

• What information do you require?? What is the hypothesis? Does data already gathered answer this hypothesis? What new information is needed?
• Review learning media assessment – What media does the child require? Large font/Braille? This is crucial information when planning appropriate assessment.
• Carefully review clinical and functional vision reports to guide the assessment
• What assessment is required – a cognitive assessment is not always necessary and rarely valid. What other assessment may yield the data required? A full cognitive assessment is NOT required for verification under the category of Intellectual Disability.
Points to consider when assessing

• Don’t rush the assessment process – allow additional time to orient to the room by exploring and touching objects. It may also be useful to verbally describe the room and any testing materials.
• Clearly explain the testing and the purpose of the testing (‘to help you’) in order to reduce anxiety.
• Make sure students have all the necessary equipment – glasses etc
• Control glare if appropriate – do not have child face window, eliminate flickering and fluorescent lighting
• Ask student for additional requirements – encourage self advocacy
• Position yourself and student into optimal position relative to their vision loss – peripheral vision etc
• Describe testing materials and what you are doing to reduce anxiety
• Be sensitive to fatigue and give additional breaks if required
Which Assessment?

• FIELA – Developmental data. Normed for children with a vision impairment. Very thorough and assesses all developmental areas – language (verbal and non-verbal), motor skills, social and emotional development, play, self care, toileting etc. Range is 0-36 months developmentally. A good assessment tool for children with multiple disabilities where formal cognitive assessment is not appropriate.

• DAY C 2 – developmental rating scale to 6 years. NOT normed on children with vision loss but still valid data. Assesses motor skills, language, social and emotional development and cognition (I do NOT use the cognitive scales as they have a heavy weighting of visual subtests).

• Developmental data and educational levels can also be gathered informally – work samples, school grades, observations. *** this information is crucial even with formal assessment**

• WISC-IV and WPPSI-III. If children have little or no vision use verbal and working memory subtest only. Not valid to compute a performance score or full scale IQ due to the high visual loading. Timed tasks such as block design are particularly biased.

• Use of assessment techniques that focus on visual tasks is highly questionable even for students with mild to moderate vision loss – does not take into account visual processing – e.g. matrix reasoning – visual patterning and visually very busy.
Interpretation of assessment

• INTERPRET WITH CAUTION. Some items even on the verbal scales have shown to be biased against children with little or no vision – e.g. ‘how many legs does a bird have? What floats in the sky and rain comes from it? Students with a vision impairment must undertake an enormous degree of active exploration and learning experiences to form images of their world. The sighted person may experience it all in one glance, students with a vision impairment must assimilate it with information from other experiences. Part/whole relationships may be very difficult.

• If you have used accommodations for access to the materials – these need to be explicitly described. Clinical information is crucial for decision making around educational adjustments.
Interpretation of assessment Cont...

- The process of modification (which changes the concept or reduces the cognitive demands of the item) of any test will make the test, by definition, a technically invalid test. The results however, provide important information about the child and their current functioning.
- Collaboration with AVT, parent/carer is crucial when interpreting results and making educational recommendations.
- IQ scores should always be interpreted as a range – not normed on children with a vision impairment.
- Recommendations should always be based on multiple sources of data and not on any single scores.
Summary

- Always consult with others and gain CURRENT information about the child’s visual functioning and history.
- Is an IQ test the most appropriate assessment? Is it necessary?
- If using an IQ assessment…. Do not administer assessment with high visual loading (i.e non verbal subtests of the WISC-IV and WPPSI –III. Timed visual tasks such as processing speed items are not appropriate nor valid.
- ****Interpret with caution*****