Verification in the EAP Category of Vision Impairment

Alison Jones
Statewide Verifier – Vision Impairment
January 2014
Education Adjustment Program

- Verification
- EAP 36 Profile
- Validation
Verification – Vision Impairment

- EAP Verification Form - VI (EAP 8) updated 2013
- Use only this form
- Oneportal – Quick links – EAP site – Verification – EAP verification forms
- Phase 2 AIMS into OneSchool – forms will be located in OneSchool
EAP Verification Form – VI (EAP 8)

**Verification of Disability in the Education Adjustment Program Category of Vision Impairment**

Members of the school team complete the form to verify that relevant personnel have been involved in the student's assessment and implementation of the student's Individual Education Plan (IEP). Participation in the IEP development process is a requirement for all educators.

The verification form consists of the following sections which must be completed:

- Part A: Student Details
- Part B: Principal's Report on Verification of Disability
- Part C: Principal's Report on Verification of Disability

There are no attachments or additional information available. Please select only the EAP method.

1. Print a copy of the completed verification report to: EAP Verification Team, 301 Room 301, Tannum Sands GPO, Mackay 4740.
2. Email a completed verification report to: eap.verifications@education.qld.gov.au

### Part A: Student Details

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
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<th>School</th>
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<th>Contact person for this verification</th>
<th>Position</th>
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<th>Enrolment Category</th>
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<td>Mrs</td>
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This verification is part of:

- Initial Verification (as per previous verification)
- Verifying the accuracy of the IEP
- Recertification carried out at least 2 years after first verification on an IEP
- Adding a secondary diagnosis (if applicable)
- Requiring a specific or specified category

**EAP Official’s Signature**

(Date Signed) | Authorised | Approved | 
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Teaching Authority: [School Name].

Queensland Government
Email Submission

- Email submission of verification requests is preferred
- VI - vi.eap@dete.qld.gov.au
Email Submission Fact Sheet

- Fact sheet

- Oneportal – Quick links – EAP site – Verification – EAP verification forms – Email submission on right side of page
Complete request

- Request must be complete before submission
- Do not submit unless complete
- If both criterion 1 and 2 are not included then after contacting the school the request will be returned to the school via the school contact
Verification Request

Part A: Student details

Part B: Evidence Supporting Verification
   – Evidence for criterion 1 (impairment)
   – Evidence for criterion 2 (activity limitations and participation restrictions)

Part C: Principal request
Part A- Student Details

• Contact person needs to be the person to contact in the school if there are any difficulties processing the request
• School needs to own the request and submit
• EAP 8 Medical Specialist Form; letter or report from an ophthalmologist

• In cases of CVI, diagnosis may be from an ophthalmologist, neurologist or paediatrician.

• Must be signed by the registered ophthalmologist (neurologist or paediatrician) whose name appears on the report not by a registrar.

• If a signature is not included but words indicating that the appropriate medical specialist has sighted the report after being typed then the report may be acceptable. Words such as sighted but not signed or electronically signed.
Part B Criterion 1 Diagnosis

- Information must be current not necessarily recent
- Preferably no ‘probable’ diagnosis
- Check medical information early in the year to allow time to obtain further information if needed
Part B Criterion 1 - Visual Acuity

• Visual acuity information may be provided by:
  ▪ a medical specialist as outlined previously
  ▪ an optometrist or orthoptist

• Include history of visual acuity assessments, if available - may reduce the need for a review to be placed

• For prep and year 1 students recent visual acuity is preferrable (within previous 12mths) – exception is students with profound vision loss
Part B Criterion 1 - Visual Acuity

Functional vision assessment requirements

Primary and Secondary Students

• Visual acuity measurement using a formal test such as Snellen or Lea Picture Symbol
• Near vision measurement using Maclure or other near vision test
• Test in more than one environment including inside the classroom and outside the classroom (eg playground or PE location)
• Consider individual factors that may be an issue and include testing in environments with these factors
• Short description of testing situation and individual considerations (eg lighting, distractions, attention, time)
Part B Criterion 1 - Visual Acuity

Functional vision assessment requirements

Early Years and Multiple Impairment

- Use a standard method of testing such as stycar balls, smarties and 100s and 1000s if possible – include distance, size of ball
- Alternatively, describe observation of the smallest object viewed – include viewing distance, object size, colour, light reflecting properties, movement of object, where object is presented (central vision, left or right, upper or lower field)
- Describe testing environment including student alertness and attention, distractions, motivation, time, lighting conditions, visual preferences
Part B Criterion 1 - Visual Acuity

Students with CVI

Comment on the students visual functioning in regard to:

- Light gazing and response to light
- Colour
- Visual latency (slow or delayed visual responses)
- Use of senses
- Visual novelty – familiar versus unfamiliar items
- Movement – impact of the student’s own movement or movement of the object
- Complexity of visual task including sensory environment, background, object viewed
- Visual field preference
Part B – Criterion 2

- Completed by the student’s teacher
- In consultation with the school team which includes the teacher trained in VI
- Opportunities to discuss student needs and educate school staff regarding the impact of vision loss
Part B – Criterion 2

• Two boxes in each of the six focus areas
• First box – describe the activity limitations and participation restrictions that the student experiences at school **due to the vision loss** (What are the difficulties the student experiences?)
• Second box – describe the adjustments currently in place (not recommendations) to cater for the difficulties described above **resulting from the vision loss** (What is currently happening?)
• Brief background of relevant information in the Curriculum box
• Examples could be: limited access to early intervention, late diagnosis of vision impairment; non-English speaking background; uses wheelchair for mobility; recently lost more vision; experiences headaches from glare then experiences difficulty using vision; missed significant schooling this year due to illness; braille has been discussed but a decision has not been made yet; functioning at 6-9 mth level in most areas of development.
Part B – Criterion 2

• Be specific
• Provide **specific** examples rather than general statements
• For example:

  General statement – *impacted by glare*;

  Specific statement - *the student adopts a head down position especially outside to avoid glare from lights and sun. This means the student rarely gives eye contact with peers and adults and misses even more visual information.*

  General statement – *participates in active learning program*;

  Specific statement – *active learning program includes position boards for separating in vertical and horizontal positions; multi function table (emptying containers, separating)*
Digital IDs

• Password protected digital ID can be used for signing
• This option is available to school teams, specialist staff and medical specialists
• Fact sheet
• Oneportal – Quick links – EAP site – Verification – EAP verification forms – Digital IDs on right side of page
Before signing the principal needs to ensure all of the listed items have occurred including:

- Student is on AIMS
- Criterion 1 is included.
Contact Details

• EAP Team
  PO Box 3376
  Stafford DC 4053

• Phone: (07) 3634 0621
  Email address: alison.jones@dete.qld.gov.au