Using Prescriptively Recommended Optical Devices Skill Performance Checklist for Near Magnification Devices

After training, fill out this form and send to clinician

Student name _____ Date _____

Optical Device _____

Teacher's Name _____ Signature _____

SKILL	STUDENT DOES	STUDENT DOESN'T DO	COMMENTS
Basics			
Cleaning			
Storage			
Retrieval			
Set-up			
Materials Position			
Use of Reading Stand			
Task Lighting			
Selected Visual Field/Eye			
Hand Selection			
Grip			
Stabilization of Hand and Materials			

Prescriptively Recommended Optical Devices continued

SKILL	STUDENT DOES	STUDENT DOESN'T DO	COMMENTS
Reading Concepts			
In Focus			
Focal Distance			
Working Distance			
Localization			
Scanning			
Shifting to the next line			
Tracing			
Content Intrepretation			
Symbols/Signs			
Illustrations			
Maps			
Text			
Independent Use			
Educational			
Leasure			

Prescriptively Recommended Optical Devices continued

	8 pt. (1 M)	12 pt. (1.5 M)	16 pt. (2 M)	20 pt. (2.5 M)
Font size chosen to read				
	8 pt. (1 M)	**12 pt. (1.5 M)**	**16 pt. (2 M)**	**20 pt. (2.5 M)**
Smallest font size student could read				
	8 pt. (1 M)	**12 pt. (1.5 M)**	**16 pt. (2 M)**	**20 pt. (2.5 M)**
Magnifer chosen to read each font size				

Length of Training Time _____

Curriculum Used

Comments

_____

Using Prescriptively Recommended Optical Devices
Skill Performance Checklist for Monocular Telescopes

After training, fill out this form and send to clinician

Student name _____ Date _____

Optical Device _____

Teacher's Name _____ Signature _____

BASIC KNOWLEDGE	CAN DO	NEEDS ASSISTANCE	DOESN'T DO	NOTATIONS & DISTANCES
Identification				
Ocular Lens				
Objective Lens				
Barrel				
Adjustment Ring				
Lanyard				
Cleaning				
Storage				
Retrieval				
Readiness				
Identify Dominant Eye				
Choice of Hand				
Grip				
Positioning on Face				
Stabilization				

Prescriptively Recommended Optical Devices continued

BASIC KNOWLEDGE	CAN DO	NEEDS ASSISTANCE	DOESN'T DO	NOTATIONS & DISTANCES
Localization without Telescope				
Spotting				
Scanning				
Concepts				
In Focus				
Out-of-Focus				
Multiple Planes				
Infinity				
Spotting				
Without Telescope				
With Telescope				
Uses Auditory Cues				
Using Focus				
Under 20 feet				
Over 20 feet				
Single Plane				
Multiple Planes				
Tracing				
Left-to-Right				
Short Lines				
Long Lines				
Wavy Lines				
Convoluted Lines				

Prescriptively Recommended Optical Devices continued

BASIC KNOWLEDGE	CAN DO	NEEDS ASSISTANCE	DOESN'T DO	NOTATIONS & DISTANCES
Scanning				
Left-to-Right				
Uses Zigzag Technique				
Identification				
Symbols				
Pictures				
Numbers				
Street Signs				
Words on Chalkboard				
People				
Objects				
Tracking				
Moving People				
Moving Objects				
Single Plane				
Multiple Planes				
Leisure Use				
Television				
Outdoor Events				
Indoor Events				
Movies				
Independent Use				
Frequently				
Infrequently				
Never				

Length of Training Time_____Comments _____

Curriculum Used

_____

Informal Student Information Sheet

Student name _____ Date _____

Grade Level _____ Teacher _____

Diagnosis, if known _____

TO BE ASSESSED	RESULTS	COMMENTS	RESOURCES	SUGGESTIONS
Presence of Eye Report			Student File	Ask parents to provide
Presence of IEP			Student File	Discuss with parents
Assess Distance Vision			Student File, Eye Report Vision Teacher Student Parents Personal Observation	
Assess Near Vision			Student File, Eye Report Vision Teacher Student Parent Personal Observation	

Informal Student Information Sheet

TO BE ASSESSED	RESULTS	COMMENTS	RESOURCES	SUGGESTIONS
Assess Peripheral Visual Fields			Student File, Eye Report Vision Teacher Student Parent Personal Observation	
Learning Style Visual Audial Kinesthetic			Student File, Eye Report Parent Student	
Optical Devices Needed			Student File, Eye Report Parent Student	
Lighting Modifications, Colors, and Filters			Student File, IEP Parent Student	
Effective Use of Contrasts			Student File, Eye Report Student File, IEP Student	
Preferred Formats Regular Print Large Print (size) Braille Speech Electronic			Student Parent Vision Teacher Past Teacher	
Need for Rest			Student File, Eye Report Student File, IEP Student Parent	