

**Eye Report for Children with Visual Problems**

Dear Eye Care Professional:  
To determine if a student meets Georgia eligibility for visual impairments, an eye report must be completed by an ophthalmologist/optometrist. If eligible, the student may also qualify for American Printing House for the Blind (APH) funds. Each year on the first Monday in January, the State of Georgia conducts a count of students who are legally blind to access federal quota money in order to buy Braille and large type books and other alternative format instructional materials. It is critical that we get an accurate count of the legally blind students in the state, including students who are legally blind and have other disabilities that make it difficult to obtain a standard Snellen Acuity. For our purposes, legally blind is defined as a visual acuity of 20/200 or less in the better eye after best correction or a visual field restricted to less than 20 degrees in the better eye. This form is designed to determine if a student meets this criterion. Thank you for taking the time to complete.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local School System \_\_\_\_\_

Date of most current eye exam: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prognosis & Recommendation(s): \_\_\_\_\_

**I. Acuties (If unable to obtain Snellen Acuity, please complete section III.:**

	Distance (ft.)			Near reading distance (in.)			If CF, state distance		
	O.D.	O.S	O.U.	O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
(1) Without correction									
(2) With best correction									

**II. Measurement of Field of Vision:**

Is there any abnormality or limitation in the field of vision?  YES  NO  
If YES, what is the widest diameter in the remaining field?

OD \_\_\_\_\_

OS \_\_\_\_\_

Georgia Department of Education  
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Return to:

**III. If unable to obtain Snellen Acuity, please commit to one of the following by placing an X in the space.**

We are not allowed to accept statements like Fixes and Follows, Central, Maintained, and Steady or the term Legally Blind in lieu of an acuity. Thank you for your help in this matter and for continuing to provide quality eye care for the students in the State of Georgia.

Counts Fingers      OD \_\_\_\_ OS \_\_\_\_      Light Perception      OD \_\_\_\_ OS \_\_\_\_  
Object Perception    OD \_\_\_\_ OS \_\_\_\_      No Light Perception    OD \_\_\_\_ OS \_\_\_\_  
Hand Movements     OD \_\_\_\_ OS \_\_\_\_  
Functions at the Definition of Blindness\*    OD \_\_\_\_ OS \_\_\_\_

\*Functions at the Definition of Blindness (FDB) is used to indicate blindness due to brain injury or dysfunction. A student whose visual performance is reduced by a brain injury or dysfunction may be considered blind for educational purposes when visual function meets the definition of blindness as determined by an eye care specialist or neurologist. Students in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment.

This is a proven non-changing condition such as  bilateral enucleations,  anophthalmos, or  other condition determined immutable – condition is: \_\_\_\_\_ .

**Treatment Recommended:**

1. Glasses and/or contact lenses (please state when and to what extent glasses are to be worn):

\_\_\_\_\_

Was a prescription issued?  YES Prescription: \_\_\_\_\_  NO

2. Surgery, medication, etc.: \_\_\_\_\_

\_\_\_\_\_

3. Other Recommendations:

Lighting levels: \_\_\_\_\_

Physical activities: \_\_\_\_\_

Use of other aids (e.g. magnifiers and special lenses): \_\_\_\_\_

Doctor's Name Printed \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature \_\_\_\_\_ MD or OD (circle one)

Date: \_\_\_\_\_

I give permission for my child's eye physician to release the above information for

educational purposes: \_\_\_\_\_

Parent/guardian signature