



## Provincial Resource Centre for the Visually Impaired (PRCVI)

### Ophthalmologist/Optometrists Confirmation of Eligibility for Services for Students with Visual Impairments

The Ministry of Education and Child Care eligibility criteria for visual impairment, as set out in [\*Special Education Services: A Manual of Policies, Procedures, and Guidelines\*](#) are as follows:

In the opinion of an:

- ophthalmologist;
- optometrist;
- orthoptist; or
- the [Visually Impaired Program at British Columbia's Children's Hospital](#);

The student's functioning may be described by **one** of the following:

- a visual acuity of 6/21 (20/70) or less in the better eye after correction;
- a visual field of 20 degrees or less;
- any progressive eye disease with a prognosis of becoming one of the above in the next few years;  
or
- a visual problem or related visual stamina that is not correctable and that results in the student functioning as if his or her visual acuity is limited to 6/21 (20/70) or less.

#### Purpose of this Checklist

A report dated within the last two (2) years of the date of submission to PRCVI must be submitted along with the PRCVI Referral for Eligibility of Vision Resources Form.

However, circumstances may arise where a report may not be available at the point at which the student's eligibility must be determined to initiate service delivery. The purpose of this checklist is to provide provisional documentation of a student's eligibility until such time as a formal report is available for review.

Members of the student's educational team, including parents/guardians, can ask the student's optometrist, ophthalmologist, or the Visual Impairment Program at Sunny Hill Health Centre (see above criteria) to complete this form. The vision health professional may indicate whether the student meets qualification criteria.

The completed document with examiner signature can then be submitted to the student's Teacher of Students with Visual Impairments (TSVI) or to their school to include as provisional medical documentation with the referral package to PRCVI.

**To complete see Page 2.**



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Examiner Name: \_\_\_\_\_ (Please check below)

- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Physician with the Visual Impairment Program

Date of Examination: \_\_\_\_\_

Visual Condition(s)/Diagnoses:

\_\_\_\_\_

It is my opinion that the patient has a functional vision profile that:

- ☐ MEETS ONE OR MORE of the Ministry of Education and Child Care criteria for visual impairment as outlined below (please check all that apply)
  - ☐ a visual acuity of 6/21 (20/70) or less in the better eye after correction;
  - ☐ a visual field of 20 degrees or less;
  - ☐ any progressive eye disease with a prognosis of becoming one of the above in the next few years; or
  - ☐ a visual problem or related visual stamina that is not correctable and that results in the student **functioning as if** his or her visual acuity is limited to 6/21 (20/70) or less
- ☐ DOES NOT MEET any of the criteria outlined above.

Please check one of the following options:

- ☐ The patient's parent/guardian(s) **CAN** expect this impression to be reflected in a clinical report that will be made available to them.
- ☐ The patient's parent/guardian(s) **CANNOT** expect this impression to be reflected in a clinical report that will be made available to them.

Notes/Additional Details:

\_\_\_\_\_

\_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

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