Case Manager’s Responsibilities:
The Case Manager is responsible for completing all steps of the request process with appropriate IEP team members. The case manager guides the IEP team to consider:
- Possible medically related vision conditions that require referral to the family’s eye care provider.
- Possible supports to help students in the classroom, including accommodations and/or modifications.
- The educational relevance of Vision Therapy as a related service.

The Case Manager will follow procedures, complete required forms, and submit the request packet to the Vision Therapy office.

IEP Team Responsibilities:
All members of the IEP team are responsible for understanding that Vision Therapy is a related service that provides meaningful educational benefit to the student. The IEP team needs to review the “Checklist of Visual Behaviors” and evaluate if a student is having learning difficulties unrelated to vision skills, such as decreased understanding of written material, or decreased attention to all academic tasks, or if a student’s struggles are primarily related to difficulties with vision skills. The IEP team identifies student IEP goals that Vision Therapy could support. Possible educationally relevant goals/needs related to vision could be determined from the Checklist of Visual Behaviors items that were rated as occurring “always” or “frequently” and appear to affect the student’s ability to access the curriculum. If the IEP team finds no areas of educational need that vision therapy could support, a Developmental Vision Assessment would not be required and vision therapy would not be considered to be a necessary related service.

School Nurse’s Responsibilities:
When vision is considered to be an area of concern, the school nurse needs to perform a vision screening to make sure that the student does not have a medically related vision need that would require the attention of the family’s eye-care provider. (For example, a student may have decreased vision acuity causing blurred vision resulting in difficulty with reading and writing tasks. In this instance, the only intervention the student may need would be prescription lenses.) The school nurse would perform a vision screening for acuity as well as a “muscle balance” screening to look at the students eye muscle control. Medically related vision symptoms are listed on the shaded items (#1 to #13) on the Checklist of Visual Behaviors.

Occupational Therapist’s Responsibilities:
When vision is considered to be an area of concern, the school occupational therapist reviews the case to determine if the visual challenge could be supported by occupational therapy. Occupational therapists can support students who demonstrate challenges with visual perceptual skills or visual motor skills that interfere with learning. Signs of possible difficulty with visual motor and visual perceptual issues are listed as items #20 to #38 on the Checklist of Visual Behaviors. However, it is not necessary for OT to provide IEP related services in order to request a developmental vision assessment. The school occupational therapist is not responsible for opening the assessment plan or facilitating the assessment process. OT staff need to contact their seniors if they have any questions related to vision skills or their roles in the
**Considerations for a Request for a Developmental Vision Assessment**

**Step 1:** The **Case Manager** checks the health records to ensure that the student does not require prescription lenses/glasses. If the student has a current prescription for glasses and the student is not wearing them, the assessment process stops until the student starts wearing the prescribed glasses/lenses consistently for at least ten consecutive school days. The case manager monitors student performance.

**Step 2:** The **Case Manager** contacts the **school nurse** to ensure that the student has received a current vision screening. If the student presents with a medically related vision issue, the **school nurse** will contact the family to encourage the family to follow up with their eye-care provider, and the assessment process stops until updated health information has been received.

For example, if a vision screening indicates that a student has decreased visual acuity, the IEP team needs to wait to see if the student requires prescription lenses to improve visual clarity.

**Step 3:** The **Case Manager** prints out copies of the **Checklist of Visual Behavior** and requests the student’s teachers and parents to complete the form. Specifically, the language arts teacher rates all items on the **Checklist of Visual Behaviors**. The case manager encourages the family to complete and return the checklist. If all of the completed checklists are rated with “not observed” for all items, then the student does not present with any educationally related areas of need related to vision skills and further assessment or action would not be required.

**Step 4:** The **Case Manager** shares the completed copies of the **Checklist of Visual Behavior** with the school **occupational therapist** (OT). The **OT** will review the forms to see if the student presents with visual motor / visual perceptual challenges that school OT can support. The student may only require OT (instead of VT) if the student presents with educationally related challenges that are limited to visual motor / visual perceptual skills as listed as items #20 to #38 on the **Checklist of Visual Behaviors**. If the student does not already have OT listed as a related service, then the school OT would work with the case manager to determine the need for generating an assessment plan for OT.

**The best candidate** for **Vision Therapy** is a student who presents as having difficulties with accommodation, refraction, eye alignment (eye or eyes have a tendency to drift), eye teaming (such as difficulty with convergence/ divergence), and eye movement control (fixation, saccades, pursuits and tracking).
Step 5: The Case Manager, OT Specialist and Classroom Teacher meet to review information related to vision skills to determine if further assessment is required. It would be helpful if the school psychologist provides input as well. The IEP team members review the nurse’s screening to determine if the student has a medically related vision issue. The team members also review the Checklist of Visual Behaviors to see if there are areas of need related to vision that can not be explained by other learning factors such as not wearing prescription lenses, reading comprehension, attention, motivation, phonemic awareness or motor planning. The team will document their findings as a rationale to initiate the Developmental Vision Assessment using the Request for Developmental Vision Assessment form.

Step 6: The case manager creates a supplemental assessment plan in Exceed.
- Under “Additional Assessments” select “Developmental Vision Assessment” in the drop down menu and select “Other service provider” for the Examiner Title.
- The assessment plan is sent home for parent signature. Confirm and update contact information (phone # and/or email) for the parent.
- Within 3 days of receiving the parent-signed assessment plan, the case manager compiles and submits all forms needed for a Request for Developmental Assessment including:
  - Request for Developmental Vision Assessment form, all sections completed
  - Results of Nurse’s Screening
  - Checklist of Visual Behaviors
  - Exceed-referenced DATE of the most recently consented to IEP, for the VT clerk to access (or send a copy of the current IEP)
  - Parent-signed Assessment Plan, with “date received” by district.

Submission Method:
Mail the entire packet through school mail to “Vision Therapy, Wiggin Center B-8”.

Step 7: Once the Developmental Vision Assessment Report has been completed and received by the district, the Case Manager receives an electronic copy (PDF) of the report from vtc@ SAN DIEGO UNIFIED SCHOOL DISTRICT
Special Education Division
PROCEDURES for DEVELOPMENTAL VISION ASSESSMENTS
and VISION THERAPY SERVICES

Step 5: The Case Manager, OT Specialist and Classroom Teacher meet to review information related to vision skills to determine if further assessment is required. It would be helpful if the school psychologist provides input as well. The IEP team members review the nurse’s screening to determine if the student has a medically related vision issue. The team members also review the Checklist of Visual Behaviors to see if there are areas of need related to vision that can not be explained by other learning factors such as not wearing prescription lenses, reading comprehension, attention, motivation, phonemic awareness or motor planning. The team will document their findings as a rationale to initiate the Developmental Vision Assessment using the Request for Developmental Vision Assessment form.

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  - Checklist of Visual Behaviors
  - Exceed-referenced DATE of the most recently consented to IEP, for the VT clerk to access (or send a copy of the current IEP)
  - Parent-signed Assessment Plan, with “date received” by district.

Submission Method:
Mail the entire packet through school mail to “Vision Therapy, Wiggin Center B-8”.

Step 7: Once the Developmental Vision Assessment Report has been completed and received by the district, the Case Manager receives an electronic copy (PDF) of the report from vtc@ sandi.net, and letter with instructions to reconvene the IEP. The case manager then schedules a supplemental IEP within timelines to review the Assessment Report with the parent, and provide them with a copy. This pdf report is attached to the supplemental IEP event as an attachment in the Exceed “Assessment Report” tab (Exceed Manual page 47 to 50). Case Managers are responsible for all Exceed events related to Developmental Vision Assessment / Vision Therapy in Exceed, including IEP goals.

At the supplemental IEP meeting, the team reviews the findings of the Developmental Vision Assessment report to consider if vision is impacting the student’s ability to benefit from the educational program. The team reviews the areas of need and considers the most appropriate related service support (occupational therapy, vision therapy) to address these areas of needs.

- If the only assessed area of need is visual motor/ visual perceptual skills related to quality of written output, the IEP team should consider Occupational Therapy as the related service to support this area of need or the IEP team should consider
standard accommodations for student’s written output such as typing written work. The OT must be present when considering occupational therapy as a related service.

- If the IEP team reviews the “Developmental Vision Assessment” report and the IEP team determines that Vision Therapy is not required to support the student, this decision is documented in the IEP Team Action page (under the consent event in Exceed).

- If the assessment indicates difficulties with eye movement control, eye alignment, eye teaming or refraction that impact the student’s ability to keep their place when reading and reading comprehension over time, the IEP team could consider Vision Therapy as an additional related service, as monitored by the case manager.

- If the IEP team determines that Vision Therapy is necessary for the child to benefit from the educational program:
  a) The related service of Vision Therapy would be added to the Services input screen of the IEP (See Exceed Manual page 61) which should include:
     1) The number of hours
     2) Start and End dates
  b) Complete “Special Factors page 1” as follows:
     1) Under “Subject Areas/Content Area/ Related Service”, list the areas where vision is affecting the student’s educational program (ex. Reading efficiency, written output)
     2) Under “Service”, select “Vision Therapy” from the dropdown menu.
     3) Under “Environment, select “other school/community location”.
     4) Under “Comments” write, “Vision therapy service includes direct service, collaboration and consultation and requires re-assessment at completion of services to determine ongoing need.”
  c) The related service of Vision Therapy (VT) would be added to IEP goals related to the student’s educational performance. Areas of need that were identified in the Checklist of Visual Behaviors can guide IEP teams to possible goal areas that would be appropriate for Vision Therapy to support.

**Step 8:** Once the IEP is completed and locked, a copy is sent to the VT clerk through District mail. Or, if the IEP team determines that the student does not require Vision Therapy, this information is documented in the Team Action Log, a copy sent to the VT office and the case is inactivated in the Vision Therapy database.

**Step 9:** A Developmental Optometrist re-assesses a student’s vision ability and progress with Vision Therapy at the end of each authorization period. The Developmental Vision Reassessment report is reviewed at a supplemental or annual IEP as described in **Step 7** and **Step 8**.