

DO NOT COPY – SAMPLE ONLY

¥72	Student Name:
 Visual Impairment Level 2 funding allocation (Revised September, 2004) 1701 Code E To be eligible, the following must be met: A documented report from an ophthalmologist, optometrist, orthoptist of the Visual Impaired Program at the BC Children's Hospital describes the student's vision impairment as one of the following: A visual acuity of 6/21 (20/70) or less in the better eye after correction; or A visual field of 20 degrees or less; or Any progressive eye disease with a prognosis of becoming one of the above within a few years; or A visual problem or related visual stamina that is not correctable that results in the student functioning as if his/her with a print is limited to 6/21 (20/70) or less 	(9 digit) PEN Date: There must be documentation to support and the student has been appropriately assessed and identified by the school district as meeting the criteria or the opecial education category. This category does not include students described as having visual perceptual difficulties.
his/her visual acuity is limited to 6/21 (20/70) or less. There is documented evidence that	
 There is documented evidence that A current IEP is in place, dated after September 30, previous school year. The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. The goals correspond to the category in which the student is identified. The services outlined in the IEP relate to the identified needs of the student. The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need. The student is being offered learning activities in accordance with the IEP. The IEP outlines methods for measuring progress in relation to the IEP goals. A parent was offered the opportunity to be consulted about preparation of the IEP. 	A qualified teacher of the visually impaired provides the services.
Refer to Special Education Service: A Manual of Policies Procedures and Guidelines (2006) for complete information at www.bced.gov.bc.ca/specialed/ppandg	
Student's Name: DOB	: Grade: School:
Parent/Guardian Name:	Ph. #:
Address:	Postal Code:
Principal's Signature: Vision Teacher:	

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