

Attachment B

Arkansas School for the Blind & Visually Impaired

PO Box 668 – Little Rock, AR 72203

Phone: (501) 296-1810

Fax: (501) 663-3536

Student: _____

Date: _____

Diagnosis: _____

Grade: _____

Patient's Main Concern: _____

Visual Acuities

Distance

Correction

Snellen

Near

with/without: Right Eye/O.D. _____ @ _____ inches

with/without: Left Eye/O.S. _____ @ _____ inches

with/without: Both Eyes/O.S. _____ @ _____ inches

Visual Fields: _____

Assessment: _____

Primary Reading Medium: Regular _____ Large Print _____ Braille _____ Auditory _____

Recommendations: _____

Clinical Director