☑ CE Article

Procedures and Tools Used by Teachers When Completing Functional Vision Assessments with Children with Visual Impairments

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Structured abstract: *Introduction:* This study analyzed survey responses from 314 teachers of students with visual impairments regarding the tools and procedures used in completing functional vision assessments (FVAs). *Methods:* Teachers of students with visual impairments in the United States and Canada completed an online survey during spring 2016. *Results:* The majority of participants reported that they primarily assess pre-academic and academic students in kindergarten through 12th grade (K-12). More than 95% of all participants indicated that they assess near and distance visual acuity. Other commonly assessed skills and abilities were tracking ($n = 298$; 95%), peripheral visual fields ($n = 296$; 94%), and color perception ($n = 293$; 93%). Approximately 50% of survey participants indicated that they use a screening tool in determining the need for an orientation and mobility (O&M) evaluation. *Discussion:* The procedures and tools used by participants in completing FVAs varied based on the specific student being assessed. There was also considerable variation in visual skills assessed, as well as in what was included in the assessment report by the participants. Based on comments from participants, it appears that there are complex factors that influence the decision-making process regarding possible referrals for an O&M evaluation or a clinical low vision evaluation. *Implications for practitioners:* Teachers should reflect on their own practices and procedures to determine whether they are including all pertinent information in their FVA reports, as well as explore whether they should assess additional visual skills in order to provide a rich description of how the student uses his or her vision throughout the day in a variety of environments.

Visual impairment is considered a low-incidence disability. According to federal quota census data gathered by the American Printing House for the Blind (2015), there are 61,739 students who are legally blind aged 0 to 22 years in the United States. Students with visual impairments vary significantly in the amount of usable vision they have and in how efficiently they use vision to access information.

Students with low vision comprise approximately 90% of children with visual impairments; total blindness is relatively rare (Corn & Lusk, 2010; Lueck, 2004). Teachers of students with visual impairments are specially trained to provide direct instruction, adapted materials, and accommodations that provide access to the general curriculum for children who are visually impaired, including those with low vision (Spungin & Ferrell, 2007). As part of the process of determining eligibility for services or re-evaluation for current services, teachers of students with visual impairments conduct assessments to determine how the student functions in the educational setting (D'Andrea & Farrenkopf, 2000).

Teachers of students with visual impairments conduct and interpret functional vision assessments (FVAs) as among the essential responsibilities of their jobs (Spungin & Ferrell, 2007). An FVA is used to determine what a student sees and how his or her vision affects the ability to complete day-to-day tasks (D'Andrea & Farrenkopf, 2000). Teachers of students with visual impairments decide which accommodations and interventions are needed to account for students' visual needs based on FVAs (Lueck, 2004). A learning media assessment, which heavily relies on information from the FVA, informs literacy media decisions regarding what is most appropriate for the student, such as braille or large print as the primary reading medium (Lusk, Lawson, & McCarthy, 2013).

Shaw, Russotti, Strauss-Schwartz, Vail, and Kahn (2009) surveyed teachers of students with visual impairments about the methods and tools they used for completing FVAs. Of the 233 respondents, 75% said that they used different tools and materials for students using academic curricula compared to students in functional academic programs. About half of the respondents used commercially developed tools and about half used self-developed forms or checklists for assessments. Based on the survey responses, it was clear that teachers of students with visual impairments were looking for guidance and direction concerning FVAs. Of the teachers surveyed, 90% said that a standardized form for all students would be useful if it could still be individualized, and 96% said that they would use a tool that could guide them in the assessment process.

Students with visual impairments are each unique in terms of how their visual impairment affects their functioning in educational settings (Lueck, Erin, Corn, & Sacks, 2011). They can also have characteristics, such as additional disabilities and sensory preferences, that will affect how they function. These unique characteristics are why many teachers of students with visual impairments individualize assessments and why they reported that they would be interested in a standardized form if it could still be individualized (Shaw et al., 2009). Children with cortical vision impairments also display unique characteristics and must be assessed differently compared to students with ocular impairments. To address this need, Roman-Lantzy (2007) developed a

specific tool, the CVI (cortical or cerebral visual impairment) range, to assess the functional vision of students with CVI. The CVI range was also determined to have internal consistency and inter-rater and test-retest reliability (Newcomb, 2010).

FVAs are critical for guiding educational programming for students with visual impairments, but there is still little research on these assessments. As Shaw et al. (2009) stated, "There is a need for a uniform and efficient way of recording and reporting information obtained from functional vision assessments" (pp. 370–371). Personnel preparation programs often rely on textbooks that are mostly consistent about components of FVAs and how to write appropriate reports. Consistently identified components across four textbooks used by university programs include: appearance of the eyes, visual reflexes, near vision acuity, distance vision acuity, central and peripheral field of vision, color vision, contrast sensitivity, muscle balance, oculomotor function, and lighting (D'Andrea & Farrenkopf, 2000; Erin & Topor, 2010; Koenig et al., 2000; Lueck, 2004). Anecdotal reports from teachers of students with visual impairments, however, have indicated that there may be inconsistencies in what is assessed, how skills or abilities are assessed, and the information provided in written evaluations. By first determining what is happening in practice, we can then determine what is needed to ensure the quality of these assessments for all students with visual impairments moving forward. Given that teachers of students with visual impairments may be the only professionals who do these types of assessments in their district, they are often on their own to determine the appropriate procedures and tools for conducting FVAs.

The current study reports the results of a survey administered to teachers of students with visual impairments in the United States and Canada that gathered information about the procedures, forms, and tools that they use when completing FVAs with children and youths. The following research questions were explored:

1. What are the characteristics of teachers of students with visual impairments who complete FVAs with children and youths?
2. What procedures and tools are used by teachers of students with visual impairments when conducting FVAs?
3. What areas of visual functioning are included by teachers of students with visual impairments in FVAs?
4. What content and other relevant information is included by teachers of students with visual impairments in assessment reports?

Methods

Instrument

An online survey was developed using Survey Monkey, a web-based survey tool. The survey began with a brief description of the purpose of the study and contained 48 items divided into seven sections. Items asked about the background of participants; procedures and forms used when completing FVAs; and content included in the assessment report. Additional items asked participants about the perceived level of preparedness to conduct FVAs after initial training; the student population served; types of screenings used to make recommendations

about clinical low vision evaluations and orientation and mobility (O&M) assessments; individuals interviewed as part of the assessment process; and types of recommendations included in the assessment report. For a portion of the questions, participants were requested to answer them based on the student group that they primarily assess.

Before the study began, we asked several professionals, including teachers of students with visual impairments and university professors, to review the instrument to provide feedback on the clarity and content of the questions. Afterwards, the instrument was refined based on the feedback of the reviewers.

Criteria for participation and recruitment

Approval to conduct the research was obtained from the Institutional Review Board at the University of South Carolina Upstate, and informed consent was obtained from all participants. The study was open to teachers of students with visual impairments in the United States and Canada who had completed at least one FVA during the last three academic years. Announcements of the survey were widely distributed, including on electronic bulletin boards in the field of visual impairment, e-mail–based electronic mailing lists, and social media groups. A follow-up reminder of the survey was sent during the first week of April 2016.

Results

Demographic characteristics of the participants

A total of 314 individuals completed the survey from February 15, 2016, to April 30, 2016. Fifty additional individuals began the survey, but their data were not included in the database or analyzed, since they did not complete the survey. All data were reported by the teachers. No verifying data was collected or reviewed by the researchers.

Table 1
Demographic data ($N = 314$).

Gender ($n = 311$)	
Female	290
Male	21
Years of experience ($n = 313$)	
1–3	38
4–6	53
7–10	44
11–15	45
16+	133
Ethnicity ($n = 305$)	
Caucasian	289
African American	4
Hispanic	5
American Indian and Alaska Native	1
Asian	1
Two or more ethnic groups	5
Setting in which employed ($n = 307$)	
Itinerant teacher	284
Residential or specialized school	9
Resource room or self-contained classroom in a public school	7
Early interventionist	7

Three hundred and three participants were certified teachers of students with visual impairments, and 11 were working toward certification. Two hundred ninety-three (93%) of the respondents worked in the United States, and 21 (7%) worked in Canada. The respondents were from geographically diverse locations, including 36 U.S. states and 7 Canadian provinces. Demographic characteristics of the respondents are presented in Table 1. The respondents were then asked questions about their caseloads, level of preparedness to conduct FVAs after initial training, and how many FVAs they conduct in

Table 2
Caseload information.

Number of FVAs conducted in a typical year (n = 313)	
0–3	78
4–6	123
7–9	61
10–12	23
13–15	8
16 or more	20
Primary student population served (n = 312)	
Children under the age of five	25
Pre-academic and academic K-12 students	164
K-12 students with additional disabilities that affect their participation in the general education curriculum	123

a typical school year (see Tables 2 and 3). Some of the participants said there were many gaps in their initial training or that they did not receive initial training to conduct assessments with the different student populations: 29% (n = 92) for pre-academic and academic students in kindergarten through the 12th grade (K-12), 51% (n = 157) for K-12 students with additional disabilities, and 51% (n = 159) for children under the age of 5 years.

Visual skills and abilities assessed

All participants (n = 314) reported which visual skills and abilities they assess with FVAs (See Table 4). More than one response was allowed, and additional space was provided for comments. The most commonly assessed skills and abilities reported by the participants were: near visual acuity (n = 307; 98%), distance visual acuity (n = 302; 96%), tracking (n = 298; 95%), peripheral visual field (n = 296; 94%), and color perception (n = 293; 93%). Less than 70% of the participants reported that they assess: pupillary response (n = 218; 69%), figure-ground perception (n = 211; 67%), muscle balance (n = 187; 60%), visual closure (n = 164; 52%), and intermediate visual acuity (n = 151; 48%).

Screenings for referral for O&M or low vision evaluations

Each participant was asked whether he or she performed a screening to determine if the student needed to be referred for an O&M evaluation or a clinical low vision evaluation. Of the survey participants, 49% (n = 104) of the teachers of students

Table 3
Teachers' perceived level of preparedness to conduct FVAs by student type.

	Student type		
Level of preparedness	Students with visual impairments and no other disabilities (n = 314)	Students with visual impairments under the age of 5 years (n = 310)	Students with visual impairments and additional disabilities (n = 313)
[My training] provided me with all the information that I needed to do my job.	85	37	37
There were some gaps in my training.	137	116	117
There were many gaps in my training.	75	100	119
I did not receive any training.	17	57	40

Table 4
Percentage of teachers who assessed various visual skills and abilities as part of FVAs by student type.

Item	Primary student population served			Total
	Pre-academic and academic K-12 students	K-12 students with additional disabilities	Children under the age of 5 years	
Near visual acuity	97.2	100	96	98
Distance visual acuity	96.3	98.7	88	96
Tracking	93.9	98.7	92	95
Peripheral visual field	93.9	94.7	96	94
Color perception	95.8	88	88	93
Scanning	86.5	84	84	86
Fixation	81.8	92	88	85
Shift of gaze	80.4	94.7	88	84
Contrast sensitivity	84.1	76	76	82
Depth perception	79	84	80	80
Hand-eye coordination	78	84	80	80
Following	76.6	78.7	84	78
Blink reflex	75.7	80	80	77
Central visual field	71.5	77.3	80	74
Convergence	70.1	78.7	84	73
Visual complexity	75.7	65.3	76	73
Pupillary response	68	76	64	69
Figure-ground perception	69	64	64	67
Muscle balance	57	69	52	60
Visual closure	54	53	36	52
Intermediate visual acuity	48	47	52	48

with visual impairments who work primarily with K-12 students without additional disabilities and 51% (n = 37) who primarily work with K-12 students with additional disabilities reported that they performed screenings for O&M evaluations compared to 74% (n = 17) of those who work with children under the age of 5 years. Thirty percent (n = 63) of participants working with K-12 students without additional disabilities and 27% (n = 20) working with K-12 students with additional disabilities reported that it depends on various factors as to whether they complete O&M screenings. Of the survey participants, 35% (n = 74) of those who work with K-12 students without additional disabilities, 40% (n = 29) of those who work with K-12 students with additional disabilities, and 44% (n = 11) who work with children under the age of 5 years reported that they did not perform any type of screening for whether a student should be referred for a clinical low vision evaluation.

Participants were then asked if their employer or school district requires them to use a specific FVA form. The vast majority of participants (n = 264; 84%) reported that they are not required to use a specific form. Participants were then asked if they had created or adapted FVA forms to suit the individual needs of a

Table 5
Amount of time required to write an FVA report.

Range of time in hours	New students (n = 310)	Students previously assessed (n = 312)
Less than 1	5 (1.6%)	32 (10.3%)
1 to 2	86 (27.7%)	180 (57.7%)
3 to 4	141 (45.5%)	78 (25%)
5 to 6	45 (14.5%)	15 (4.8%)
More than 6	33 (10.7%)	7 (2.2%)

student and which, if any, severity rating scales they use as part of their FVA reports. All participants but one responded to both questions (n = 313). Slightly more than 90% (n = 284) reported that they had created or adapted forms. Approximately 40% (n = 128) reported that they do not use a rating scale as part of their FVA report. Of those who reported that they use severity ratings scales, the most commonly used scales were the Michigan Vision Services Severity Rating Scales (n = 137), the Michigan Vision Services Severity Rating Scales for Students with Additional Needs (n = 118), and the Visual Impairment Scale of Service Intensity of Texas (n = 65).

Each participant was then asked how much time was required to write an FVA report for a new student as well as for a student he or she had assessed previously. These data are presented in Table 5. After this question, participants were asked whom they interview when completing FVAs. More than one response was allowed, and additional space was provided for comments. Almost all of the participants reported that they interview the classroom teacher (n = 304; 97%). Other individuals commonly interviewed by teachers of students with visual impairments were special education teachers (n = 287; 91%), students (n = 298; 95%), parents (n = 285; 91%), paraeducators (n = 208; 66%), O&M specialists (n = 165; 53%), and physical education teachers (n = 149; 48%). Thirty-eight participants commented that the individuals interviewed depends on the child's individual needs.

Teachers of students with visual impairments were provided with a list of protocols and guides that might be used when interviewing parents, guardians, teachers, other professionals, or students. More than one response was allowed, and space was provided to list additional protocols. The most commonly used protocol (cited by 139 participants) was the *Functional Vision and Learning Media Assessment Kit* by Sanford and Burnett (2008, available from American Printing House for the Blind). In addition, 131 participants reported that they use the parent interview form from *Cortical Visual Impairment: An Approach to Assessment and Intervention* (Roman-Lantzy, 2007). One hundred thirty-one participants also reported using locally developed interview protocols, and 114 reported that they used an interview protocol that they had developed.

Participants were also asked about what background and medical information they typically incorporate into the FVA report. All participants (n = 314) reported that they include the date or dates of the assessment. In addition, almost all participants reported that they include information about the eye condition (n = 312; 99%), the student's date of birth (n = 305; 97%), and if the student wears glasses (n = 305; 97%). Participants were then asked which behaviors and characteristics they include in the

FVA reports. More than one response was allowed, and space was provided to list additional characteristics. The most commonly reported behaviors and characteristics were: light sensitivity (n = 305; 97%), visual fatigue (n = 299; 95%), head movements (n = 288; 92%), and light gazing (n = 283; 90%).

Participants were then asked if they include a summary of the results and recommendations as part of the report. Of the 314 participants who responded to the question, 300 (96%) indicated that they include a summary of the assessment. The most commonly reported recommendations were: instructional or classroom accommodations (n = 298; 95%), materials accommodations (n = 294; 94%), lighting (n = 281; 89%), eligibility for services (n = 249; 79%), testing accommodations (n = 244; 78%), referrals for additional assessments (n = 212; 68%), and referrals to outside agencies and organizations (n = 162; 52%). Participants were then asked who reviews or approves their report. More than one response was allowed, and additional space was provided for comments. Of the 296 participants who responded, 245 (83%) reported that no one is required to approve or review their report. Thirty-nine participants reported that their supervisors or principals review or approve their report. Additionally, other personnel were mentioned as reviewers or approvers of their reports by participants: another teacher of students with visual impairments (n = 12), a mentor (n = 7), and secretaries or administrative assistants (n = 5).

Discussion

Similar to the findings of Shaw et al. (2009), the participants reported using different tools and materials, including commercially developed and self-developed forms, when completing FVAs. It was evident in the survey responses that the tools, materials, and procedures varied based on the specific student being assessed. Approximately one-half of the participants indicated that "it varies depending on the student" for questions regarding time and number of sessions it takes to conduct FVAs. For example, the participants most commonly answered that the number of days it takes to complete FVAs "varies significantly depending on the student" regardless of the group that they primarily work with: 48% for pre-academic and academic students, 59% for students with multiple disabilities, and 44% for children under the age of 5 years.

It was surprising that there were no visual abilities reported as being assessed by all participants when conducting FVAs. The closest item to a unanimous response was near visual acuity at 98%. Although more than 90% of survey participants reported that they assess near and distance acuity, tracking, peripheral fields, and color perception, it was concerning that there was not 100% agreement on these fundamental visual abilities. It was also concerning that there was not more agreement on the assessment of other fundamental visual abilities that may directly impact a student's ability to access information and be successful in educational settings, such as contrast sensitivity (82%), depth perception (80%), and central visual fields (74%) across all the groups.

There was variation in how participants responded to the survey question regarding whether they perform a screening for a possible need for O&M referrals.

Across the participants who serve the different student populations, 51% responded that they perform a screening for a possible need for O&M referrals, and 28% responded that it depends on other factors. In addition to their response to the question, 218 participants provided comments, indicating that there may be complex issues as to whether a student is referred for O&M evaluations. Forty participants commented that they are dually certified as O&M specialists and teachers of students with visual impairments. These participants may not consider it a referral or a screening if they perform the assessment as part of the process for the FVA, which would influence how they answered the question. For example, one participant commented, "I have dual certification, so I use my expertise in that area to determine whether an O&M evaluation is necessary." A few participants also appeared to be influenced by their own personal beliefs when deciding if screenings for O&M assessments should be conducted. One participant stated, "Their visual acuity of 20/200 warrants an O&M referral," and another reported, "I don't perform a screening, but I refer all students with visual impairments to our O&M instructor for assessment." In addition, if a district does not have an O&M specialist on staff, teachers of students with visual impairments may not as readily refer students for O&M assessments, since such referrals may require additional funding and the need to find independently contracted O&M providers. Another participant commented, "It varies from child to child. We must contract out for O&M evaluations so we judge travel skills to the best of our ability[ies]." In some states, it is now mandatory that all students referred for visual impairment services also be referred for O&M evaluations as stated by this participant, "All students in Texas are now, by law, getting an O&M assessment."

There was also variation in how participants responded to the survey question regarding whether they perform a screening for a possible need for a referral for a clinical low vision evaluation. Across all groups, 34% of participants responded that they perform a screening for a possible referral for this evaluation, 37% responded that they do not perform a screening, and 28% responded that it depends on other factors. In addition to completing the question, 151 provided comments, showing that there may be complex issues as to whether a student is also referred for a clinical low vision evaluation. Availability of clinics appeared to play a role in some decisions. For example, one participant said, "All students are referred for the low vision clinic when it comes to the area once per year." Personal beliefs also seem to play a role for some participants. One participant commented, "Yes, I believe ALL low vision students should be going for clinical low vision evaluations, and I recommend it to all my students. So my screening is if my students have low vision then they should be recommended for a clinical low vision eval[uation]." In contrast, another participant reported, "I refer legally blind students for a low vision evaluation."

A number of participants responded that they do not perform any type of screening for O&M assessments or clinical low vision evaluations, which raises significant questions as to why such assessments are not being conducted. If

teachers of students with visual impairments do not consider these screenings to be a part of their job or a part of the assessment process, this preconception could be a reflection of their initial training. For the clinical low vision evaluation, students may not be as readily screened or referred if there is not a low vision clinic nearby. If students are not being adequately referred for these assessments, it seems likely that some students with visual impairments are not receiving all of the services that would benefit them.

Similarly, there were few areas of agreement regarding what kind of information is included in the report by the participants. The date of the assessment was the only information that all participants reported including in reports. Slightly less than 95% of participants reported that they include recommendations for instructional or classroom accommodations as part of the report, and less than 90% reported that they include the following information: the reason for the assessment (89%), recommendations for additional assessments (68%), and recommendations for referral to outside agencies or organizations (52%). If recommendations for accommodations, additional assessments, and referrals to outside agencies are not included consistently as part of FVA reports prepared by teachers of students with visual impairments, how is this critically important information documented by these teachers? In addition, does the inconsistency in the content of the report affect or decrease the likelihood of students receiving accommodations in the classroom or being referred for additional assessments or possible services from outside agencies?

The inconsistent results reported across FVA procedures for the three student populations could be directly related to the many gaps in initial training or lack of initial training identified by the participants. Personnel preparation programs need to consider reexamining the content of their courses and assignments that are focused on these assessments to determine if they are adequately covering the topic. The curriculum should be adjusted as needed. There may also be a need to determine whether students with visual impairments are appropriately assessed and to explore the possibility of a uniform method of recording and reporting FVAs, as originally suggested by Shaw et al. (2009). Teachers should reflect on their own practices and procedures to determine whether they are including all pertinent information in their FVA reports, as well as explore if they should assess additional visual skills in order to provide a rich description of how the student uses his or her vision throughout the day in a variety of environments. Professional development needs to more adequately address appropriate practices for conducting and reporting FVAs, and training should be provided at the local, state, or national level.

Limitations

There were several limitations in the research and associated results. All survey results and participation qualifications were self-reported, and there was no way to verify this information. Initially, the survey logic was set up incorrectly, resulting in invalid responses for about 12 participants. This problem was corrected after seven days, allowing all other responses to be included in the analysis. For

many of the survey questions, FVA procedures and tools were to be marked from a list of what respondents normally do when conducting assessments. It is possible that teachers of students with visual impairments could have felt that they needed to check more items on the list of aspects of an FVA and items that described how they conduct an FVA. Perhaps teachers assumed that if the items were listed in this part of the survey, they represented best practices. There was only one question on the survey regarding recommendations; this section should have been expanded to include how the participants use the data that they collect when completing FVAs to make recommendations. As part of the recruitment procedures, the survey was disseminated to as many groups and electronic mailing lists as possible. However, it is possible that we missed significant groups of the teacher population for various reasons.

Many teachers of students with visual impairments work in roles that cover multiple settings or populations. The caseload of one itinerant teacher, for example, may include children under the age of 5 years, pre-academic and academic K-12 students, and K-12 students with additional disabilities that affect their participation in the general education curriculum. For the survey, however, teachers of students with visual impairments had to select the population that they work with the most. As part of the survey, we did not specifically ask whether teachers of students with visual impairments were dually certified as O&M specialists.

Conclusion

Participant responses about FVA tools and procedures were not as consistent as we expected. Although a large percentage of teachers of students with visual impairments reported that they assess near and distance visual acuity, tracking, peripheral fields, and color perception, it was surprising how inconsistent the results were for some of the other visual skills and abilities. It was also surprising to see the inconsistency in whether a screening was used to determine the need for an O&M and low vision evaluation referral. Given that many participants said that their FVA procedures and tools varied significantly based on the student, these responses reinforce what we already know as far as the diverse characteristics and needs of students with visual impairments.

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