Format updated 5-2021 and 5-2022

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| **Assessment** **of** **Needs**  *Services by specialized assessment teams approved by State Education and local school district for Learners who are blind and for those who have low vision including those with additional disabilities and/or deafblindness (AN)*  **Organization will establish a self-study committee to assess and rate the organization on the following:**  NOTE: Items with an asterisk (\*) indicate Absolute Standards. The other items are Critical Standards. See Accreditation Handbook for Organizations, page 5 of 17: “All absolute standards must be fully met to receive accreditation. Critical standards must be at least partially met to receive accreditation.” | Supporting Documentation  Indicate name of file or cite page in documents you provide to show compliance. | Review Committee Decision | | |
| Fully Met | Partially Met | Not Met |
| 1. \*Individuals are referred to a specialized assessment team approved by the State Education Program for the Blind and Visually Impaired and developed by the local school district or provided by the state program when appropriate. |  |  |  |  |
| 2. \*All assessments are conducted by qualified personnel who understandthe unique nature of vision loss and who have been specifically educated to conduct these assessments. |  |  |  |  |
| 3. Qualified professionals collaborate with parents and other professionals on all relevant areas of functioning to provide a comprehensive profile.  **Indicator:** **The** **assessments** **include** **physical** **development,** **fine** **motor** **development,** **intellectual** **development,** **language** **development,** **self-help** **skills,** **social** **development,** **vision** **functioning,** **hearing** **and** **learning** **media**. |  |  |  |  |
| 4. Assessments are administered using the learner’s primary language. |  |  |  |  |
| 5. Assessments are administered in the appropriate medium/media by professionals proficient in the use of these modalities. |  |  |  |  |
| 6. Individuals will be assessed using a state and district core curriculum for early intervention that is aligned with established state and district standards. |  |  |  |  |
| 7. Individuals will receive an assessment in all areas of the expanded core curriculum. |  |  |  |  |
| 8. A functional vision evaluation is conducted at least every three years. |  |  |  |  |
| 9. A learning media assessment is conducted at least every three years. |  |  |  |  |
| 10. A written assessment report identifies the unique learning needs related to the vision loss including needs for specialized services, materials and equipment, and accommodations in the unique developmental and learning environment. |  |  |  |  |
| 11. An individualized intervention plan or education plan is developed based on assessments that yield valid and reliable information. |  |  |  |  |
| 12. Eligibility criteria for education services are defined by the state or by policy established by the local/private education provider. |  |  |  |  |
| 13. A continuum of service/placement options is reviewed with parents and placement is determined by the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) team. |  |  |  |  |
| 14. The appropriate placement option recommended by the IFSP/IEP team must be made available to the individual. |  |  |  |  |
| Total Standards |  | /14 | /14 | /14 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Assessment of Needs Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policy, Procedures and Process Chart for Assessing the Needs of Learners who are blind, for those who have low vision, and those with additional disabilities and/or deafblindness
* Procedures for Formulating Assessment Teams
* Certifications and Licensure Verifications as Applicable; and Resumes for Other Personnel
* Job Descriptions for All Personnel
* Individual Assessment Tools/Instruments
* Criteria for Providing Service and Eligibility Requirements for Education Services
* Consumer/Learner Files including:
  + Functional Vision Evaluation Results
  + Learning Media Assessment Results
  + Individual Service or Education Plan
  + Service/Placement Options
  + (All Names and Consumer Identifiers Must Be Removed)
* Statement Regarding the Validity and Reliability of Assessment Tools/Instruments
* Narrative to explain any standards you rated as partially met or not met.
* Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: