

AER Accreditation Standards Organizations & Schools





Rev. 2019

Introduction

Beginning in July of 2017, the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) began to develop an accreditation program to review and accredit organizations and specialized schools that provide direct services and instruction to individuals who are blind and visually impaired. Since that time, AER has worked to develop a program that reflects best practices in accreditation.

AER established an Accreditation Council. The AER Accreditation Council has complete autonomy in:

- Establishing, approving and administering accreditation standards,
- Developing and implementing policies, regulations, and procedures for conducting accreditation reviews,
- Making accreditation decisions, and
- Administering an appeal process.

About Accreditation

Accreditation is used to describe both a status and a process. As a status, it denotes a third-party's validation to an organization's conformity with specific standards as set forth by an accrediting authority. The scope of an accreditation is determined by the specific services being assessed for conformity with standards/benchmarks. As a process, accreditation symbolizes an organization's sustained commitment to self-monitoring and continuous quality improvement.

As part of this process, an organization undertakes an internal self-study to assess its conformity with specific standards and other normative attributes that are described for accreditation. This self-study consists of a thorough and systematic process that documents the organization's conformity to recognized standards for service infrastructure, administration, and performance.

Independent verification by reviewers uses a systematic, arm's length and documented approach to evaluate the organization's self-reported conformity to the specific standards, outcomes data and other normative attributes that are described for accreditation.

The value of achieving accreditation will demonstrate that an organization has met relevant standards. This will help ensure that an organization that serves individuals who are blind and those with low vision has a clearly articulated purpose and will further ensure a setting that is accessible, functional, attractive, and safe for consumers, students, visitors, staff, and volunteers. Continuous learning, improvement and striving for best practices is a goal of the

very best organizations. Accreditation enables the organization to demonstrate to their constituents and to the general public that their programs have met the stringent standards set by the accrediting authority.

Organization Self-Study

The standards are formatted to allow service organizations and schools to conduct a meticulous self-study. The organization is asked to assess and report on its facilities, operations, services, and outcome against a structured set of relevant standards/benchmarks. Conformity with these standards ensures that service providers have the appropriate expertise and a clearly articulated plan for providing consumers with high quality services and achieving results. Institutions of higher education are evaluated based upon the preparation of their faculty and cooperating teachers, the scope of their curricula, and their ability to provide well supervised practical experiences.

This self-study is optimally effective when it is completed by diverse groups of individuals that may include administrators, staff, board representatives, service consumers, and volunteers who are knowledgeable about the organization or program as they pertain to the standards under consideration. Input may also be solicited from persons in the community who are familiar with the organization and its services – such as community partners, funders, students and other stakeholders. The self-study summary and the supporting documents provide the organization the opportunity to demonstrate to the reviewers that the organization has complied with the standards.

Accreditation Review

A rigorous and authoritative conformity verification requires a review by independent content experts with recognized knowledge and experience in the field of blind and low vision education, rehabilitation and administration. This review team might include, for example, service consumers, service providers, service administrators, university educators or applied researchers in the field.

Education and Rehabilitation Accreditation Standards

I. Education and Rehabilitation Management Services Standards

- A. Policy and Administration (PA)
- B. Financial Management (FM)
- C. Staff and Volunteers (SV)
- D. Buildings and Grounds (BG)
- E. Community Relations, Public Education & Fundraising (CRPEF)
- F. Community and Consumer Involvement (CCI)
- G. Program Evaluation and Improvement (PEI)

II. Education and Rehabilitation Program Standards

- A. Orientation and Mobility Instruction Services (OMIS)
- B. Technology Instruction Services (TIS)
- C. Low Vision Clinic Services (LVCS)
- D. Short Term (STP) and Support Services Programs (SSP)
- E. Itinerant Service Provisions (ISP)
- F. Outreach Services (OS).
- G. Early Childhood Programs (ECP)
- H. Supplemental Learning Curriculum Programs for school aged learners (SLCP)

III. Education Program Standards

- A. Identification and Referral (IR)
- B. Assessment of Needs for Learners who are Blind, for Those who have Low Vision, and Those with Additional Disabilities and/or Deafblindness (AN)
- C. Program Design for Learners who are Blind, for Those who have Low Vision, and Those with Additional Disabilities and/or Deafblindness (PD)
- D. Preschool Programs (PP)
- E. K-12 Programs (K-12P)
- F. Multiple Disabilities Programs (MDP)
- G. Residential, Health Care and Recreation Services (RHRS)

IV. Rehabilitation Program Standards

- A. Industries Employment Services (IES)
- B. Vision Rehabilitation Therapy Services (VRTS)
- C. Vocational and Rehabilitation Counseling Services (RCS)
- D. Rehabilitation Recreation Services (RRS)
- E. Rehabilitation Residential and Health Care Services (RRHCS)
- F. Provision of Reading Materials (PRM)
- G. Blindness Prevention Services (BPS)
- H. Community Integration Services (CIS)

Section I.

Education and Rehabilitation Management Services Standards

A. Policy and Administration (PA)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The organization is legally constituted and authorized to provide services to individuals who are blind and those who have low vision including those who have multiple disabilities and are deafblind.			
2. The organization is guided by a written mission statement that spells out its philosophy of service and program objectives.			
3. The organization has a written strategic plan with goals and objectives for its management and service functions.			
4. The written statement of core values affirms the organization's belief in the dignity and rights of individuals who are blind and those who have low vision.			
5. The organization provides services without regard to race, sexual orientation, religion, additional disabilities, and ethnic origin.			
6. The organization identifies, in written form, eligibility criteria, the geographic area served, and populations it serves.			
7. The organization is an advocate for addressing the unmet needs of populations it serves.			
8. The organization collaborates with other providers to maximize resources and to minimize duplication of effort.			
9. Members of the governing boards and advisory committees are chosen in a manner that ensures public representation, diversity, competence and inclusion of one or more individuals who are blind and those who have low vision.			
10. The governing authority establishes policies for the efficient and effective operation of the organization. Policies and procedures are periodically reviewed and effective date and last date of revision are clearly noted on policies and procedures.			

11. The chief administrator exercises full responsibility for the day-to-day management of the organization and staff; and is responsible for implementing policies.			
12. The organization has a written conflict of interest policy for the governing board which includes a conflict resolution procedure.			
13. The organization maintains an organizational chart which defines the internal structure for efficient and effective administration and delivery of services and defines the lines of authority and delegated responsibilities.			
Total Standards	/13	/13	/13

I. (A) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Policy & Administration, please provide copies of the following documents:

- Articles of Incorporation and Tax Exemption Letter
- Mission Statement
- Strategic Plan
- Core Values
- Written Policy Regarding Admissions & Service Delivery Equality
- Eligibility Criteria & Service Area(s) Policy
- List of Collaboration Partners & Description of Relationship & Projects
- Policy and Bylaw Regarding Board Nomination Process and Board Composition Requirements
- Organizational Chart
- Board of Directors and Chief Administrator (Executive Director) Roles & Responsibilities
- Conflict of Interest and Conflict Resolution Policies
- Bylaws or Procedures Relevant to Process Used to Update Policies & Procedures

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

B. Financial Management (FM)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Written policies for financial management, either developed by the organization or by departments of government with responsibility for financial oversight, are in place.			
2. Financial management is conducted in accordance with generally accepted accounting practices.			
3. Risks to the organization are addressed through insurance including general liability and board of directors insurance, disaster recovery plans, records retention and destruction, and electronic data management policies and procedures.			
4. The organization defines and prohibits conflict of interest on the part of governing board members, administrators, instructors, and staff in the management and operation of the organization.			
5. The organization prepares, adopts, and operates within defined comprehensive budgets for specified periods of time and in accordance with policies established by its board or as established by contracts with government or other funding bodies.			
6. Appropriate staff and committees are appointed, who are accountable for portions of the budget, and participate in its preparation.			
7. The organization maintains a system of internal controls, including effective and efficient systems to account for all financial transactions, to safeguard assets, and to prevent or detect irregularities including fraud.			
8. The organization prepares routine financial statements that clearly and accurately present the organization's financial position in accordance with generally accepted accounting principles.			
9. The organization has its financial statements audited annually by appropriate governmental bodies or independent qualified			

auditors and makes changes to address findings and recommendations.			
10. Investment accounts and endowments are managed according to standards required by state law, regulatory or governing authorities.			
11. Restricted funds are used only in accordance with the donor's intent.			
Total Standards	/11	/11	/11

I. (B) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Financial Management, please provide copies of the following documents:

- Recent Audit
- Financial Management Policy & Procedures (Including, but not limited to policies for Accounts Payable, Accounts Receivables, Risk Management, Disaster Recovery, Records Retention, Data Management, Investment Accounts and Endowments, Restricted Funds and Budget Development)
- General Liability Insurance Coverage & Board of Directors Insurance Coverage Verification
- Organization's Income & Expense Budget for Current and Past Year
- Job Description for Senior Accounting Staff
- Financial Statements for Current and Past Year
- Examples of Contracts of \$2500 Signed by Organization

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

C. Staff and Volunteers (SV)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. In professions that maintain registration, certification and licensure, the organization must have evidence on file that their practitioners hold the current corresponding credentials in their areas of responsibility.			
2. Comprehensive and practical written policies are available for the management of staff and volunteers and are compliant with the laws, rules, and policies established by the governing authority.			
3. Implementation of policies and procedures related to staff and volunteers is in accordance with applicable professional, ethical, and legal principles established by recognized bodies including HIPAA and FERPA requirements.			
4. The personnel manual contains the organization's official personnel policies on such matters as non-discrimination, recruitment, hiring, performance evaluation, staff development, the job classification and salary plan, hours of work, overtime, holidays, vacation, sick leave, other leaves, insurance, reassignment, layoffs, demotion, dismissals, resignations, retirement, grievances, appeals, and personnel records.			
5. A comprehensive manual containing the personnel policies is maintained, kept current, and provided to staff in alternative media when needed or requested.			
6. Criminal background checks are secured and recorded for all personnel.			
7. A confidential and secure personnel record is maintained for all personnel.			
8. There exists an ongoing program of personnel development for all employees, including orientation for new employees.			
9. Job descriptions are written and available in alternate media as needed or requested.			

10. Standardized evaluations of performance are carried out annually by the supervisor with each employee. These evaluations cover the quality and quantity of work as set forth in the job descriptions and individual performance plans that include goals and objectives.			
11. The organization publishes written descriptions, in accessible media, of volunteer opportunities that attract and retain volunteers.			
12. Volunteers have the experience, education, and competence to perform their duties, as described in their job descriptions, and have passed criminal background checks.			
13. Volunteers are not performing tasks that require the expertise of a credentialed profession.			
14. A volunteer manual/handbook is maintained, in accessible media, to describe current policies and practices and includes the organization's confidentiality guidelines.			
15. A confidential and secure personnel record is maintained for each volunteer.			
Total Standards	/15	/15	/15

I. (C) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Staff and Volunteer practices, please provide copies of the following documents:

- Policies and Procedures Related to Staff Evaluations, HIPPA, FERPA, Personnel Manual Development, Staff Qualifications & Credentials, Criminal Background Checks, Personnel & Volunteer Files, Salary Increases and Bonuses, Termination, Staff Grievances, Whistle Blower and Volunteers.
- Staff Grievance Reports, and Findings and Resolutions for Past 12 Months
- Employee Evaluation Form
- Sample Job Descriptions (at least 5)
- Personnel Manual/Employee Handbook
- Volunteer Manual/Handbook
- Certification and Licensure for Employees (at least 3 samples)

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

D. Buildings and Grounds (BG)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The planning, operation, and maintenance of buildings and grounds are in compliance with statutory and regulatory mandates including those that provide for the safety and security of individuals with disabilities.			
2. The buildings and grounds are in compliance with applicable code, ordinance, and laws established by governmental or underwriting bodies on such matters as architectural barriers, zoning, the structure of the buildings, plumbing and sanitation, heating and ventilation, water supply, sewage and waste disposal, food preparation and service, material handling, fire and safety, occupational safety and health and disaster preparedness.			
3. A written safety plan is on file to address health, safety, and emergency preparedness. It includes documentation of staff training, safety inspections, records of corrective actions taken, fire prevention plan, emergency evacuation plan, compliance with health and safety guidelines, and first aid and safety plans.			
4. Written policies for the management of the buildings and grounds are available to employees and key stakeholders.			
5. The policies ensure that the buildings and grounds are acceptable maintained and are accessible, functional, and safe.			
6. The organization makes provision for first aid and emergency medical care for all consumers, visitors and employees.			
Total Standards	/6	/6	/6

I. (D) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Building and Grounds, please provide copies of the following documents:

- Building and Grounds Policy and Procedures
- Staff Health and Safety Training Policy and Procedures
- Building Safety Inspection Report
- Proof of Working Fire Alarms
- Maintenance Contracts
- Emergency Evaluation and Disaster Plans; and Fire Drill Schedule and Completion Records
- Healthy and Safety Plan that is Aligned with OSHA Guidelines
- Incidence Reports
- Building Permits (if applicable)
- Description of Building and Grounds Improvements, Repairs or Additions in the Past 12 months
- Staff Health and Safety Training Materials

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

E. Community Relations, Public Education & Fundraising (CRPEF)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The organization is identifiable and visible within the community.			
2. The organization conducts public education programs/events that increase the community's awareness of the causes, implications, and prevention of blindness and the potential for individuals who are blind and those who have low vision to participate fully in society.			
3. The organization conducts a public education initiative that projects an appropriate image throughout its service area and increases the community's understanding of and support for its services.			
4. Written policies are in place for each of the community relations, public education and fundraising activities.			
5. Written goals, objectives, and plans are established for each of the community relations, public education and fundraising activities.			
6. Procedures and key metrics are in place to measure the efficiency and effectiveness of community relations, public education and fundraising activities and written evaluation reports based upon established goals, objectives, budget, and plans are prepared and provided to the governing authority.			
7. Fundraising methods encourage donors to give voluntarily.			
8. The percentage of collected funds that support the administration of fundraising shall not exceed what is standard for such activities.			
9. Print, email and electronic solicitations identify the organization and clearly describes the purpose and program for which the solicited funds will be used.			
10. The organization provides a privacy policy that describes how donor information is collected and used. This policy allows			

donors to “opt-out” of making their information available to affiliates or used by the organization other than for recordkeeping, and provides a method for donors to be removed from mailing, email lists and other social media contact.			
11. The organization has adopted a policy including the requirement of consent for the use of consumer photos and stories.			
12. The organization regularly evaluates all fundraising programs and revises its policies, procedures, and publications as necessary to ensure their continuing integrity.			
Total Standards	/12	/12	/12

I. (E) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Community Relations, Public Education and Fundraising, please provide copies of the following documents:

- Promotional Materials Used at Community Events
- Branding Materials
- Public Education and Awareness Resources or Event Materials
- Sample Goals, Objectives and Plans for a Community Relations or Public Education Event or Project held within the last 2 years
- Fundraising Policy and Procedures that include Donor Stewardship, Restrictive Funds and Conflict of Interests
- Budget for Community Relations and Public Education
- Fund Development Plan
- Website Address
- Press Releases or Other Sources that Highlight Organization
- Logo
- Event or Project Evaluation Report(s)

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

F. Community and Consumer Involvement (CCI)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Family and community members are active, informed and involved participants in the education/rehabilitation process of individuals who are blind and those who have low vision.			
2. The organization has a consumer feedback mechanism in place which is accessible and is treated confidentially.			
3. The organization has an ongoing process for involving consumers, family members and the blind and low vision community in program development.			
4. The organization provides orientation and a continuum of opportunities for family members, care providers and advocates to acquire the necessary skills and information to support the development and implementation of the consumer's educational, vocational, and social achievements.			
Total Standards	/4	/4	/4

I. (F) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of Community and Consumer Involvement, please provide copies of the following documents:

- Policy and Procedures Related to Parent, Family, Community, Care Providers and Advocates Involvement in Service Delivery and Program Development
- Training Materials and Resources available to Family Members, Advocates and Care Providers Designed to Engage and Facilitate Consumer Development
- Examples of Parent, Family, Community, Care Providers and or Advocates Collaborations with Organization
- Examples of Applications and Agreements with Community Members, Family Members, Advocates and or Care Providers
- Consumer Feedback or Satisfaction Survey and Results

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

G. Program Evaluation and Improvement (PEI)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Each service program conducts an ongoing comprehensive program evaluation which measures the effectiveness of its operations.			
2. Written systems for program evaluations are utilized to monitor the application of human, physical and financial resources, to appraise the progress made toward goals, to measure the extent of achievement of established objectives, to ensure consistency with the organization's mission statement and to assess the benefits to those persons served by the program.			
3. Program evaluations covers specific aspects of service including individual goal setting and implementation, tracking and statistical data on persons served.			
4. Provisions are made for broadly-based participation in the program evaluations by staff, cooperating organizations, volunteers and persons served.			
5. The organization makes needed modifications to its administration and its programs based upon data coming from its program evaluations.			
6. Follow-up surveys of success of graduates and learners who have left the program are conducted as part of determining program effectiveness.			
7. Evaluation results are utilized in short and long-range planning.			
8. Evaluation and audit findings are summarized in writing and used in the organization's planning, budgeting, staff considerations and internal and public reporting activities.			
Total Standards	/8	/8	/8

I. (G) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Program Evaluation System and Data Use for Improvements, please provide documentation for each of the programs and services that is being considered for accreditation:

- Program Evaluation Policy and Procedures
- Program Evaluation Budget
- Program Evaluation Plan that includes Goals and Objectives that are linked to Intended Outcomes
- Program Evaluation Measurement Instruments (i.e. Survey Forms, Metrics Grid and or Question Set)
- Program Evaluation Report including both Qualitative and Quantitative Data that Illustrate Growth or Decline and Effectiveness
- Post Program Follow up Survey and Results (Report)
- Examples of How Program Evaluation Data was Used to Make Improvements, Guide Decisions and Strengthen Service Delivery.

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Self-Study Summary

Respond to the following:

1. Identify the major strengths of the organization as they relate to the Education and Rehabilitation Management Services Standards.
2. If any of these standards have not been completely met, provide an explanation of those issues which have prevented compliance.
3. What major improvements or changes are planned to strengthen the overall management of the organization?
4. What major improvements or changes are planned for the future?
5. What additional major improvements need to be planned?
6. If applying for re-accreditation, what major improvements or changes have occurred in the last five years?

Section II.

Education and Rehabilitation Program Standards

A. Orientation and Mobility Instruction Services (OMIS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. O&M instruction services are provided by certified practitioners - Orientation and Mobility Specialists. (COMS or NOMC)			
2. O&M instruction services are based on the individual's needs and goals identified through functional assessments and evaluation reports provided by qualified practitioners in the areas of medical, vision, low vision, audiological, social, and psychological and other related materials.			
3. O&M assessments reflect the differing needs of individuals of different ages including those with additional disabilities and/or deafblindness.			
4. O&M instruction services include a written plan of goals and objectives that reflect the needs of the individual as identified by an O&M assessment to help the individual reach his or her desired ability level. The individual's written plan maybe identified as an individual family service plan (IFSP), individual education plan (IEP) or individual plan of employment (IPE).			
5. O&M instruction services are clearly and purposefully organized.			
6. O&M Specialists are responsible for the full array of O&M services: assessment, development of individualized O&M programs of instruction linked to the individual's goals, provision of services, evaluation of progress, and follow up activities.			
7. O&M Specialists are members of an interdisciplinary team to develop optimal O&M strategies for safety and function of individuals with co-disability conditions.			
8. O&M instruction services keep a chronological record of the individual's progress toward established goals.			

9. The training environment of the school/organization and staff foster independence.			
10. O&M instruction incorporates sound teaching techniques integrated within the natural routine that are designed to address safe, independent, and efficient travel across environments.			
11. O&M instruction incorporates information about various travel devices such as adaptive mobility devices, guide dogs, electronic orientation aids and electronic travel aids.			
12. Upon request, follow-up assessment or instruction is made available to individuals and families and documented as part of the case record.			
Total Standards	/12	/12	/12

I. (A) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Orientation and Mobility Instruction Services (O&M), please provide copies of the following documents:

- Policy and Procedures Related to O&M Services
- O&M Certification Verifications for All Personnel Providing O&M services;
- Description of O&M Services Offered Document
- O&M Specialists Job Description, Roles and Responsibilities
- Needs Assessment Forms
- Individual Service Plans-- *individual family service plan (IFSP), individual education plan (IEP) or individual plan of employment (IPE).*
- Daily Instructional Plans that Describes Services Provided
- Consumer Progress Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Orientation and Mobility Instruction Services and Label "I. (G) Orientation and Mobility Instruction Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

B. Technology Instruction Services (TIS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Instructional personnel shall have CATIS certification or possess the knowledge and skills appropriate for the learners to be served and have completed a pre-service training program in assistive technology which includes coursework and practical experience or student teaching.			
2. Comprehensive and individualized assessments are conducted to determine learners' technology needs. Indicators: The assessment of strengths, needs, and interests includes appraisals of the applicant's visual, hearing and tactual senses and other health factors; educational, vocational, and social background; the individual's motivation and capacities; and the need for specific adaptive skills or related new skills for personal, academic or employment needs.			
3. The learner and the technology instructor utilize the assessment materials to develop an individualized written technology instructional plan.			
4. An interdisciplinary approach should be taken which includes input from a variety of service providers such as low vision specialists, orientation and mobility specialists, speech and language pathologists, occupational therapists, physical therapists, educational specialists, academic instructional staff, vocational counselors, and technology instructors. Indicators: Plans reflect the needs of persons served and encompass such factors as present level of performance, age, amount and quality of vision and other senses, nature of visual impairment, speed of skill acquisition, ability to conceptualize, presence of additional disabilities and unique needs.			
5. Technology instructors enhance organizational services through sharing technology goals and methods with other staff members and suggesting ways to include technology use into appropriate goals.			
6. Adequate instructional technology and appropriate specialized assistive devices are available for the technology instruction program.			

7. In a classroom setting each learner will have access to the assistive device being taught and will not be required to share the device with another learner(s).			
8. A complete and current inventory is maintained on all instructional and adaptive technology equipment and software.			
9. The technology instructor assists the individual to examine the available array of assistive technologies in order to determine the most appropriate technologies to maximize the learner's independent functioning.			
10. Consideration is given as to the most appropriate instructional setting to meet the individualized needs of the learner.			
11. The technology instructor suggests available resources and links learners with resources and services within the organization and the community.			
12. The technology instructor communicates with other team members to share information about progress, problems, and changing learner needs.			
13. The technology instructor serves as an advocate for learners obtaining the necessary technology instruction.			
14. The technology instructor recommends appropriate technologies for personal use at home and/or for employment.			
15. The technology instructor advocates for the availability of assistive technology in the community and in employment settings where appropriate.			
Total Standards	/15	/15	/15

I. (B) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Technology Instruction Services, please provide copies of the following documents:

- Policy and Procedures for Technology Instruction Services
- CATIS Certification(s) or Resume(s) for Technology Instruction Personnel
- Needs Assessment Tool/Instrument
- Examples of Needs Assessment Results & Corresponding Individualized Technology Instructional Plan that Identifies Services and Resources
- Interdisciplinary Team Meeting Notes (at least 4 examples)
- Evidence that a Comprehensive Approach to Service Delivery is Utilized that Includes Multiple Staff
- Assistive Devices, Adaptive Technology Equipment and Software Inventory List
- Samples of Instructor's Daily Lesson Plans that Illustrate Instruction Provided (at least 5 samples)
- Service Delivery Logs that Provide Number of Consumers Served Daily, Weekly and Monthly
- Examples of Advocacy Efforts and Results
- Consumer Progress Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Technology Instruction Services and Label "I. (G) Technology Instruction Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

For the purposes of this section, “low vision clinician” is defined as a licensed ophthalmologist or optometrist who has specialized training and experience in low vision examination and prescription techniques. A Low Vision Therapist (CLVT) is a professional with current certification credentials through the Academy for Certification of Vision Rehabilitation and Educational Professionals (ACVREP) An Occupational Therapist (OT) is a professional with current licensure credentials through the American Occupational Therapy Association (AOTA).

C. Low Vision Clinic Services (LVCS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Employees, consultants and volunteers possess education, training, and experience appropriate to their assignments. Assignment areas may include: referral and registration, clinical low vision rehabilitation evaluation leading to individual rehabilitation plan, functional vision assessment, instruction and training in use of devices, referral for additional assessments, follow-up and ongoing care, and co-management with other professionals			
2. Low vision services reflect input from consumers, professional staff, community organizations and funding organizations.			
3. Low Vision instruction is provided by qualified professionals in natural routines and environments.			
4. Written eligibility criteria and procedures for referral and admissions are available and provided when services are requested.			
5. Prior to admission, the individual’s most recent eye report is reviewed. If there is doubt regarding the individual’s ophthalmic condition and ongoing care, prompt referral is made to the individual’s primary eye care or specialty care provider (optometrist/ophthalmologist).			
6. There is an initial interview which provides the individual with an opportunity to ask questions, as indicated by list specific difficulties related to visual loss and to discuss priorities and chief concerns, which assist in determining the appropriate service.			
7. A summary of the initial interview is entered into the individual case file for review by the low vision clinician and instructional staff.			
8. Low vision services are clearly organized and described in a manual.			
9. The facilities and physical space are located and designed to be of optimal use and benefit, as indicated by size of the			

<p>examining room. The room size must be adequate for the examiner, the requisite equipment, the patient (including those with adaptive equipment), family members and other guests.</p>			
<p>10. Examination room lighting can be adjusted as needed to accommodate the needs of the individual.</p>			
<p>11. The examination room includes the necessary equipment to perform a low vision evaluation, as indicated by including basic and specialized low vision equipment and devices with provisions for ongoing infection control, service, maintenance, repair, calibration, replacement and inventory control.</p>			
<p>12. Instructional materials and low vision devices are available for loan to individuals receiving services.</p>			
<p>13. Up-to-date reference materials on vision rehabilitation and low vision care are available to staff, consumers, and the general public for educational purposes.</p>			
<p>14. A comprehensive low vision examination is conducted. Indicators: comprehensive case history, previous optometric/ophthalmologic records, with particular attention to the functional needs and priorities and abilities of the client; measurement of current corrective lenses and/or contact lenses and low vision devices currently used or previously abandoned; determination of presenting visual acuity levels (distance and near and continuous text), visual fields (central and peripheral), and contrast sensitivity function; confirmation/determination of refractive error; assessment of optimum eccentric viewing and/or preferred retinal locus (PRL) for relevant seeing tasks, as indicated; measurement of contrast sensitivity and glare sensitivity; measurement of binocular status (vergence, pursuits, saccades, comitance, and ocular dominance), as indicated; assessment of color perception, as indicated; systematic investigation of optical and non-optical sight enhancement device options specific to desired tasks which may include filters/lens tints, high plus adds and reading glasses, hand and stand magnifiers, microscopes, telescopes, telemicroscopes, CCTVs, and prisms, for example, as well as lighting and sight substitution options (tactile and speech output devices); observation/assessment of cognitive status and adjustment to vision loss; orientation to</p>			

<p>assistive/adaptive technology; client education of clinical findings, recommendations and referral to low vision rehabilitation, as indicated; report to primary eye care provider; prompt referral to the primary eye care provider if a change in the individual's ophthalmic condition is suspected (co-management).</p>			
<p>15. The low vision clinician develops an individualized low vision prescriptive plan with appropriate referrals made to other professionals.</p> <p>Indicators: Diagnosis, refractive correction(s), visual acuities, pattern of vision loss and recommended optical and non-optical devices specific to desired tasks; prescription for assessment by vision rehabilitation therapists, occupational therapists and/or other qualified professionals including educational, vocational and avocational needs and interests, ADL needs, use of devices and non-optical strategies, home safety assessment and intervention, medication management, fall prevention, orientation and mobility assessment, low vision devices to be provided on loan during rehabilitation services until confirmed to be optimal for desired tasks. Recommendations as needed are included for counseling, social service intervention and/or support group orientation, assistive/adaptive technology assessment, driving rehabilitation assessment. Copies of correspondence referring to professionals and organizations are provided.</p>			
<p>16. The low vision clinician (optometrist/ophthalmologist) supervises implementation and follow-up of the low vision plan.</p>			
<p>17. The low vision clinician prescribes low vision devices that meet the individual needs of the client.</p>			
<p>18. Low vision services provide individualized comprehensive instruction in the use of low vision to include devices as prescribed.</p> <p>Indicators: Developmental visual training is provided to enhance visual perception, visual sequencing, visual closure, and visual motor skills. Specific training is provided in the following: scanning and tracking skills</p>			

<p>for individuals with severely restricted visual fields or full quadrant field defects; adaptive viewing skills such as eccentric fixation training and location of null point; and utilization of environmental cues such as hue, intensity, outline, depth, size, distance, and direction in everyday activities.</p> <p>Individualized training in the use of optical, electro-optical, and electronic devices is provided. Training concentrates on mechanical use of any devices recommended for trial as a result of the clinical examination. Activities that increase the person’s ability to focus, localize, track, scan, and to determine focal distance of recommended optical devices are provided as appropriate.</p>			
<p>19. Follow-up is the responsibility of the low vision clinician and will be encouraged by other low vision rehabilitation professionals in the patient’s best interest.</p>			
<p>Total Standards</p>	<p>/19</p>	<p>/19</p>	<p>/19</p>

II. (C) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Low Vision Clinic Services, please provide copies of the following documents:

- Policy and Procedures for Low Vision Services
- Certifications and Licensure Verifications as Required and Resumes for Other Personnel
- Written Criteria and Procedures for Admissions and Service Delivery
- Sample of Consumer Eye Reports
- Intake Interview Procedures and Application for New Applicants
- Description of Low Vision Clinic Services Document (examples: pamphlets, manual, booklet, and etc.)
- Inventory of Instructional Materials and Low Vision Devices
- Instructional Material and Devices Loan Program Guidelines and Device Loan & Return Log
- Samples of Reference and Educational Materials Offered via Low Vision Services
- Copy of Exam
- Individualized Low Vision Prescriptive Plan that includes Goals, Objectives and Prescribed Low Vision Devices (at least 2 examples)
- Comprehensive Daily Lesson Plans
- Consumer Progress Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Low Vision Clinic Services and Label "I. (G) Low Vision Clinic Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

A short-term program has a detailed, specific curriculum designed to provide a learner with specific skills in a designated time period. Programs vary in length and focus and may last, for example, from one week to five months. A short-term program may be intended to address only very specific learning needs that support inclusion in the school program.

Support services programs are intended solely for organizations that provide stand alone support services, and not by organizations that provide these support services as integrated components within other services that are already subject to accreditation by other standards

D. Short-term (STP) and Support Services Programs (SSP)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Written policies and procedures approved by governing authorities are in place for the establishment of any program(s) to ensure that the program is consistent with the organization's mission, as well as its long-range plans for personnel and funding to support goals and outcomes.			
2. The organization's organizational chart locates this program within its administrative structure.			
3. The organization's chart of funding accounts reflects the revenues and expenses for this program including any grants and donations.			
4. Planning for this program is broadly based with provision for appropriate participation by interested representatives from governance, administration, staff, volunteers, consumers and consumer groups, specialized consultants, personnel from related organizations, community planning and funding bodies, and other appropriate local, state, regional, and national groups.			
5. A written financial plan that includes a budget is prepared for each fiscal year.			
6. There is a written annual program plan that includes a statement of measurable outcomes.			
7. A written annual program plan identifies the required personnel, facilities, equipment, supplies.			

8. Written service plans are developed and implemented for the persons served by this program and are included as a part of the individual's plan (IEP, IFSP or IPE).			
9. Personnel involved in this program maintain open channels of communication through meetings and exchange of written messages to facilitate day-to-day planning, and problem solving.			
10. Personnel maintain coordination with ongoing services provided by this organization and other organizations that serve the individual.			
11. Sustained efforts are made to coordinate the organization's own planning for this program with planning efforts by related local, state, regional, and national groups.			
12. A designated staff member is assigned to coordinate or supervise the program.			
13. The designated staff member responsible for coordination and supervision of the program is qualified by education and experience and understands vision loss and additional disabilities when present.			
14. The responsible staff member demonstrates skills in program administration, coordination and supervision.			
15. An adequate number of personnel are assigned sufficient working time to implement the program efficiently.			
16. Staff members are qualified by education, experience and certification as required to carry out their duties effectively.			
17. Volunteers are recruited, screened, and selected, oriented, trained, appropriately placed, supervised, evaluated, and given recognition in accordance with Personnel, Administration, and Volunteer policies.			
18. Provision is made in the organization's staff development plan for an ongoing program of in-service training for all personnel, including volunteers, involved in this program.			
Total Standards	/18	/18	/18

II. (D) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Short-term and Support Service Program(s), please provide copies of the following documents:

- Name of Program/Service and Description that includes Goals and Objectives
- Policy and Procedures Approved by Governing Authority
- Program Budget
- Program Committee/Planning Team Members and Meeting Notes
- Comprehensive Program Plan
- Individual Service Plan Items included in IEP or IPE
- Resume and Job Description for Primary Program Coordinator
- List of Personnel and Volunteers Assigned to Program
- Training Materials Provided to Personnel and Volunteers
- Consumer Progress Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Short-term and Support Services Program and Label "I. (G) Short-term and Support Services Program."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

E. Itinerant Service Provisions (ISP)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The organization has written statements that include accurate descriptions of services, intended outcomes, timelines for delivery of services and referral to other resources as appropriate as documented through a business plan, the articles of incorporation, published service policies and brochures as appropriate.			
2. The organization has complied with legal requirements to do business within a stated market area, is current with licenses, taxes and fees governing business within the defined market territory, and has appropriate credentials for performing the services stated in the description of services.			
3. Written criteria exist for acceptance, denial, and appeal. This could be part of an application, information gathered during application or part of an assessment of the client.			
4. A list of primary referral sources is maintained within a defined geographic area served by the provider.			
5. Individuals are determined to be eligible for service by licensed and certified eye care professionals.			
6. A written individual plan exists for each learner and includes goals, objectives, prescribed services and outcomes.			
7. The provider has sufficient liability insurance which is documented by the organization.			
8. Faculty, staff, and administration hold appropriate certification and licensure in their assigned area(s) as required.			
9. Teachers meet state certification requirements for working with learners who are blind and those with low vision and state certification requirements in the subject/field in which they teach.			
10. Related services personnel hold a valid state license and certification in the appropriate discipline and have graduated from an accredited institution of higher education.			

11. Personnel receive in-service training and continuing education in visual impairment and in the area in which they are assigned.			
12. The provider shows evidence of collaboration with other organizations and programs.			
13. The provider has appropriate facilities and sufficient equipment available to provide services in a timely manner.			
14. A fee schedule is provided to prospective individuals and contracting organizations.			
15. Financial records and audits demonstrate the viability and sustainability of the services.			
16. Equipment and methods used to provide services are based on accepted practices in the field as taught through accredited higher education institutions, respected companies and professional practice standards.			
17. The provider has a current criminal background check from multi-state law enforcement organizations.			
18. The provider maintains a written procedure for receiving consumer feedback and includes a record of any concerns as well as how any complaints were resolved.			
19. Consumers are contacted for feedback regarding satisfaction with services and any unresolved complaints.			
Total Standards	/19	/19	/19

II. (E) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Itinerant Services, please provide copies of the following documents:

- Policies and Procedures for Itinerant Services
- Comprehensive Itinerant Services Description that includes Goals, Objectives and Timeline that is included in a Business Plan, Articles of Incorporation, Brochure or other Medium.
- Contractor's Business license, Articles of Incorporation or Tax Exempt Letter (if Services are Contracted)
- Criteria for Providing Service and Eligibility Requirements
- List of Primary Referral Sources
- Individualized Service Delivery Plans
- Liability Insurance Verification
- Certification and Licensure Documentation for Program Personnel and Service Providers
- Verification of Personnel In-service Training and Continuing Education Completed in the Past 2 Years
- Chart of Fees
- List of Program Collaboration Partners and Description of Collaboration or Contributions

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Itinerant Services and Label "I. (G) Itinerant Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Outreach Services address the needs of individuals who are blind and those with low vision by enhancing the organization’s capacity to provide services, including assessments and direct services, in a variety of environments.

F. Outreach Services (OS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Outreach services are in compliance with statutory and regulatory mandates and have goals and objectives that are consistent with the organization’s mission statement.			
2. Outreach services are based upon written short and long range plans, reflecting input from a variety of sources including consumers, professional service providers, staff, community organizations and appropriate advisory groups from throughout the service area.			
3. Outreach services are organized to meet the needs of the state and local community.			
4. Outreach services are readily identifiable and visible among targeted populations.			
5. Information is provided in a variety of formats to meet identified community needs and reflects the current best practice in providing educational and rehabilitation services to individuals who are blind and those with low vision.			
6. Assessments of individuals are comprehensive and the findings are the basis for the development of an appropriate service plan. Indicators: of a comprehensive assessment may include, but not be limited to, evaluations in the following areas: academics, adaptive behavior, assistive technology, audiology, career education/vocational skills, communication skills, including assessment of learning media needs, concept development, daily living skills, intellectual functioning, low vision utilization, motor skills, orientation and mobility, recreation and leisure, sensory/motor skills, social/emotional skills.			
7. The opportunity to discuss findings and recommendations is made available to those authorized to receive such information.			

8. Direct services to individuals, guardians, and significant others meet identified needs of the individual and facilitate achievement.			
9. Consultation services are provided to local organizations and service providers to enhance their effectiveness in meeting the needs of the individual.			
10. Staff development and in-service trainings are provided to all personnel including volunteers and family members.			
11. Appropriate materials, books, and equipment are provided or loaned to facilitate the learning potential of the individuals who are blind and those who have low vision.			
Total Standards	/11	/11	/11

II. (F) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Outreach Services, please provide copies of the following documents:

- Policy and Procedures Related to Outreach Services
- Demonstrated Compliance to Statutory and Regulatory Mandates Verification
- Outreach Services Description that includes Goals and Objectives (brochure, handouts, and etc.)
- Other Promotional Materials
- Individual Needs Assessment Tool/Instrument and Report
- Verification of In-service and Continuous Education for Staff (Training Curricula, Completion Certificate, and etc.)
- Description of Consultation Services and List of Partners including Service Providers and Local Organizations
- Material, Books and Equipment Loan Program Guidelines and Loan & Return Log
- Consumer Progress Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Outreach Services and Label "I. (G) Outreach Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

G. Early Childhood Programs (ECP)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Written policies and procedures approved by the governing authority are in place for the establishment of the Early Childhood Program that assure the program is consistent with the organization's mission statement.			
2. Eligibility criteria and service delivery options are clearly defined.			
3. The program establishes and maintains collaborative relationship with each child's family to support the child's learning and development; and encourages the family to participate fully in their child's program.			
4. The implementation of services is guided by a needs assessment of the child and family. Assessments include: developmental domains common to early childhood such as gross and fine motor, cognitive, selfcare, communication, social-emotional, as well as areas that are particularly important for children who are blind and those with low vision such as movement in space, functional vision, and auditory, tactual and other sensory development.			
5. An Individualized Family Service Plan (IFSP) has been written for each child.			
6. The child and family are provided with a developmentally based curriculum of instruction and support which include the use of appropriate specialized curricula, assessment, materials, and equipment.			

7. The program routinely provides written evaluations of each child's progress toward achieving identified goals and objectives.			
8. Staff are employed in enough numbers to meet the developmental and educational objectives; and the health, safety, and therapeutic needs of the children being served.			
9. Staff and administrators hold appropriate education and experience, including certification and licensure as required, in their assigned areas.			
10. The staff develop professional relationships with community agencies and organizations that further the program's capacity to meet the needs and interests of children and families.			
11. Physical facilities are suitably available with appropriate space and equipment to meet the needs of the children and their families.			
Total Standards	/11	/11	/11

II. (G) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Early Childhood Programs, please provide copies of the following documents:

- Policy and Procedures Related to Early Childhood Programs.
- Early Childhood Programs Description that includes Goals and Objectives (brochure, handouts, etc.)

- Other Promotional Materials
- Individual Needs Assessment Tool/Instrument and Report
- Individualized Family Service Plan
- Verification of In-service and Continuous Education for Staff (Training Curricula, Completion Certificate, etc.)
- Description of Consultation Services and List of Partners including Service Providers and Local Organizations

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Early Childhood Programs and Label “I.G. Early Childhood Programs.”

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

H. Supplemental Learning Curriculum Program (SLCP) for school aged learners. Program designed to supplement learning curriculum provided by the local education agency (LEA) based on the specific needs of each learner as written in the Individual Education Plan (IEP) or the Individual Plan of Employment (IPE).	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Written policies and procedures approved by the governing authority are in place for the establishment of the Supplemental Learning Curriculum Program that assure the program is consistent with the organization's mission statement.			
2. Eligibility criteria and service delivery options are clearly defined.			
3. A written annual program plan identifies the required personnel, facilities, equipment, supplies.			
4. Written service plans are developed and implemented for each learner served and are included as a part of their Individual Education Plan (IEP) or the Individual Plan of Employment (IPE).			
5. Staff maintain open channels of communication through meeting and exchange of written messages with LEA staff to facilitate planning and implementation of the learner's objectives.			
6. Staff maintain coordination with ongoing services provided by this organization and other organizations that serve the individual.			

7. Staff are employed in enough numbers to meet the educational objectives and the health, safety, and therapeutic needs of the learners being served.			
8. A designated staff member is assigned to coordinate or supervise the program			
9. Staff and administrators are qualified by education and experience and hold, certification and licensure as required, in their assigned areas.			
10. Physical facilities are suitably available with appropriate space and equipment to meet the educational needs of the learners.			
Total Standards	/10	/10	/10

II. (H) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization’s Supplemental Learning Curriculum Program for school aged learners, please provide copies of the following documents:

- Policy and Procedures Related to Supplemental Learning Curriculum Program for school aged learners
- Goals and Objectives for program (brochure, handouts, etc.)
- Promotional Materials
- IEP Samples
- Certifications and Resumes
- Job Descriptions
- Service Plans

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Supplemental Learning Curriculum Program for school aged learners and Label “I. H Supplemental Learning Curriculum Program for school aged learners.”

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Self-Study Summary

Respond to the following:

1. Identify the major strengths of the organization as they relate to the Education and Rehabilitation Program Standards.
2. If any of these standards have not been completely met, provide an explanation of those issues which have prevented compliance.
3. What major improvements or changes are planned to strengthen the overall management of the organization?
4. What major improvements or changes are planned?
5. What additional major improvements need to be planned?
6. If applying for re-accreditation, what major improvements or changes have occurred in the last five years?

Section III.

Education Program Standards

A. Identification and Referral (IR)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Procedures exist and resources are allocated for identifying and referring infants, toddlers, children and youth who are blind or who have low vision including those who have multiple disabilities and/or are deafblind for early intervention and special education programming.			
2. Unbiased, extensive resource information is provided to parents of recently identified children who are blind or who have low vision including those who have multiple disabilities and/or are deafblind regardless of the child's age.			
3. Programs for infants, toddlers, children and youth who are blind or who have low vision including those who have multiple disabilities and/or are deafblind, establish collaborative relationships with health care providers, social services, school districts and child care programs.			
4. Qualified personnel, who have received instruction in the administration of vision screenings, conduct vision screenings to identify children who may have a vision loss.			
5. There are follow up procedures for children who fail vision screenings to ensure they receive appropriate eye examinations from eye doctors.			
6. Additional screening for hearing loss and additional impairments are administered to infants, toddlers, children, and youth who are blind or who have low vision including those who have multiple disabilities and/or are deafblind.			
7. Infants, toddlers, children and youth identified as having a vision loss receive referrals to the appropriate programs within two (2) days and are contacted by these programs within fourteen (14) calendar days.			
Total Standards	/7	/7	/7

III. (A) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Identification and Referral Services, please provide copies of the following documents:

- Policy, Procedures and Process Flow Chart for Screening, Identification and Referral
- Identification and Referral Budget
- List of Collaboration Partners and Description of Each Relationship
- Resumes for Assigned Personnel
- Initial and Follow Up Screening Guidelines
- Sample Checklists and Questionnaires
- Consumer Records
- Identification and Referral Tracking Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Identification and Referral and Label "I. (G) Identification and Referral Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

B. Assessment of Needs for Learners who are blind, for those who have low vision, and those with additional disabilities and/or deafblindness (AN)	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 understands the 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 includes 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 early intervention, state and district core curriculum that are 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.			
8. A learning media assessment is conducted at least every three years.			

9. 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.			
10. An individualized intervention plan or education plan is developed based on assessments that yield valid and reliable information.			
11. Eligibility criteria for education services are defined by the state or by policy established by the local/private education provider.			
12. 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.			
13. The appropriate placement option recommended by the IFSP/IEP team must be made available to the individual.			
Total Standards	/13	/13	/13

III. (B) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of Assessment of Needs, please provide copies of the following documents:

- 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 with Functional Vision Evaluation Results, Learning Media Assessment Results, Individual Service or Education Plan and Service/Placement Options (All Names and Consumer Identifiers Must Be Removed)
- Statement Regarding the Validity and Reliability of Assessment Tools/Instruments

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

C. Program Design for Learners who are blind, for those who have low vision, and those with additional disabilities and/or deafblindness (PD)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The program design affords benefits and the same learning opportunities as sighted peers that support and provide equal opportunities.			
2. There is coordination with other programs including State Boards of Education, other governing bodies and private service providers.			
3. There is a written policy on the central role of literacy and communication as it relates to the areas of development and learning.			
4. The instructional delivery system supports learning in a developmental appropriate context and focuses on the unique learning and literacy medium/media needs of the individual.			
5. Procedures are in force to ensure that individuals have access to a full continuum of placement, program, services and literacy options.			
6. Procedures are written for establishing class size and caseloads which support the provision of specialized instruction taking into consideration travel distances, report writing and the unique educational service needs of the individual.			
7. The program administrator has the education, experience, and qualification to facilitate the provision of appropriate instruction and services.			
8. The program administrator facilitates participation of staff, parents and community in program development related to continuum of services.			
9. The early intervention providers, teachers and specialists are educated, certified and licensed to provide services in their assigned specialty area of instruction.			
10. The program ensures appropriate mentoring and professional development opportunities for all instructional and			

support staff as it relates to their responsibilities and the maintenance of certification and licensure.			
11. Organization works collaboratively to educate and support paraprofessionals.			
12. Education personnel have received education regarding the impact of vision loss on development and learning and the requirement for accommodations to be made in settings and activities.			
13. Instruction is implemented in an environment that is safe including home, school and community in which the education and related services are provided.			
14. Every 3 years, in conjunction with the state authority, the organization conducts a comprehensive assessment of services, including sanctions, corrective actions needed for compliance and steps undertaken to come into compliance; and provides a written reports to parents, staff, the public and interested parties.			
Total Standards	/14	/14	/14

I. (C) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's program design for learners who are blind, for those who have low vision, and those with additional disabilities and/or deafblindness, please provide copies of the following documents:

- Policy and Procedures
- Program Philosophy, Mission and Goals
- Documented Coordination Efforts with State, Local, Public and Private Providers
- Resumes for Program Administrator and other Program Personnel and Verification of Applicable Credentials
- Examples of Parent, Staff and Community Involvement in Program Development
- Verification of Continuing Education/Professional Development Completed by Program Personnel
- Documented Evidence of Program's Success
- Annual Program Assessment and Report
- Three Year Comprehensive Assessment Reports

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

D. Preschool Programs (IPP)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The goals and objectives of the preschool program are consistent with the organization's mission statement.			
2. The program service advocates for the early identification and care of preschool children who are blind and those with low vision.			
3. Eligibility criteria and service delivery options for preschool services are clearly defined.			
4. Services address the needs and priorities of the family with respect to the growth, development, and care of preschool children.			
5. The delivery of preschool services is guided by assessment of the needs of the children and their families. Indicators. Assessments of infant and preschool children include: developmental domains common to early childhood such as gross and fine motor, cognitive, self-care, communication, social-emotional, as well as areas that are particularly important for children who are blind and those with low vision such as movement in space, functional vision, and auditory, tactual and other sensory development.			
6. An Individualized Educational Plan (IEP) exists for each child.			
7. The child and family are provided with a developmentally-based program of instruction and support which includes the use of appropriate specialized curricula, assessment, materials, and equipment.			
8. Written guidelines and/or an Individualized Transition Plan are provided for the learner's transition to, or integration with, other education programs.			
9. The service routinely provides written evaluations of each learner's progress toward achieving her or his identified goals and objectives.			
10. Personnel are employed in enough numbers to meet the developmental and educational objectives and the health, safety, and therapeutic needs of the children being served.			

11. Service providers and administrators hold appropriate education and experience, including certification and licensure as required, in their assigned areas.			
12. Personnel receive in-service training and continuing education in visual impairment, human development, and education.			
13. Physical facilities are suitably available with appropriate space and equipment to meet the needs of those being served and their families.			
Total Standards	/13	/13	/13

I. (D) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Preschool Program, please provide copies of the following documents:

- Policy and Procedures for Preschool Program
- Description of Program including Goals, Objectives and Service Delivery Options (brochure, website description, and etc.)
- Criteria for Providing Service and Eligibility Requirements
- Individual Needs Assessment Instrument/Tool
- Sample Individualized Educational Plan (IEP) and Individualized Family Services Plan (IFSP)
- Child Progress Reports that Provide Initial Goals, Baseline and Growth
- Transition Plans
- Verification of Credentials and Resumes for Program's Instructional Personnel, Administrators, and other Personnel
- Verification of Relevant In-service Training and Continuing Education Provided and Completed by Personnel
- Total Number of Program Personnel Providing Instruction and Services; and Total of Children Served Daily, Weekly and Monthly

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Preschool Program and Label "I. (G) Preschool Program."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

E. K-12 Programs (K-12P)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The K-12 program is guided and directed by a process of assessment and is in compliance with statutory and regulatory mandates and consistent with the organization's mission statement.			
2. K-12 curricula are aligned with established state and local standards			
3. The K-12 program is based on an assessment of learners' needs, goal setting, planning, implementation, and evaluation.			
4. The K-12 program is based on the Core Curriculum and the Expanded Core Curriculum needs of learners. The Expanded Core Curriculum includes compensatory or functional academic skills including; Assistive Technology, Career Education, Compensatory Skills, Independent Living, O&M, Recreation and Leisure, Self Determination, Sensory Efficiency, Social Interaction			
5. An assessment of Expanded Core Curriculum needs will be completed once per year.			
6. Educators provide equal access to materials and resources to ensure equal education opportunities.			
7. An appropriate Individualized Educational Program exists for each learner and is in compliance with statutory and regulatory mandates.			
8. The Individual Education Program is based on assessment results and indicates determinations made about the appropriate learning media needs, technology and adaptive devices and orientation and mobility skills for the individual student.			
9. The program regularly evaluates individual learner's progress toward achieving identified Individualized Education Program goals and objectives.			
10. The organization provides sufficient materials and special resources to support the educational program for learners.			
11. Educational team members, with input from parents and learners, determine and periodically review learning modalities in communication media (braille, large print, recorded) based			

on learners functioning levels and needs as determined by individualized assessments.			
12. Instructional materials are provided to learners in Braille, large print, recorded, or other accessible format based on individual student requirements which are stated in the Individualized Education Program			
13. Braille readers are instructed by Teachers of Children with Visual Impairments or Vision Rehabilitation Therapists using a convention tactile program or a functional tactile program based on the needs of the learner.			
14. All persons identified on the IEP who provide services, including parents, form a multidisciplinary team that works collaboratively and flexibly to meet the individual needs.			
15. Personnel work cooperatively with learners, families, and local and state education organizations to provide the appropriate placement for educational services.			
16. Learners have access to all academic, non-academic, and extra-curricular course work and activities that are required for earning credit and regular diplomas.			
17. Learners receive related services such as orientation and mobility, speech, physical and occupational therapy, as determined through doctor's referral and/ or assessment by qualified staff.			
18. Learners with low vision receive a low vision evaluation and visual aids as determined by an assessment of needs.			
19. Learners who have been assessed and determined to be gifted receive instruction, experience, and practical application of academic and elective course work reflecting accelerated or enrichment activities.			
20. Counseling and psychological services are provided to students as determined by individual need.			
21. Written guidelines exist to establish parameters for behavior intervention, if needed.			
22. Written guidelines are provided for learners' transitions to higher/vocational education, employment or rehabilitation placement.			
23. Organization leadership supports and implements parent education, regular communication, and evaluation information assisting the parents/guardian in the role of being primary advocates.			

24. Faculty, staff, and administration hold appropriate certification and licensure in their assigned area.			
25. Teachers meet state certification requirements in the area of visual impairment and state certification requirements in the subject/field in which they teach.			
26. Related services personnel hold a valid state license and certificate in the appropriate discipline.			
27. Personnel receive in-service training and continuing education in visual impairment and in the area in which they are assigned.			
28. Personnel are employed in sufficient numbers to meet educational objectives, health and safety needs of learners, and to meet state mandates for teacher-student ratios.			
Total Standards	/28	/28	/28

III. (E) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's K-12 Program, please provide copies of the following documents:

- Policy and Procedures for K-12 Program
- Description of Program including Purpose, Goals and Objectives (brochure, website description, etc.)
- Criteria for Providing Service and Eligibility Requirements
- K-12 Curricula; and State and Local Standards
- Individual Needs Assessment Instrument/Tools
- Sample Assessment Results and Respective Sample Individualized Educational Programs (IEPs)
- Child Progress Reports that Provide Initial Goals, Baseline and Growth
- Verification of Credentials and Resumes for Program's Instructional Personnel, Administrators, and other Personnel
- Verification of Relevant In-service Training and Continuing Education Provided for and Completed by Personnel
- Total Number of Program Personnel Providing Instruction and Services; and Total of Children Served Daily, Weekly and Monthly
- Examples of Partner Collaboration Agreements for Service Delivery
- Examples of Parent and Family Involvement and Activities to Encourage/Promote Parent and Family Involvement
- Comprehensive Service Delivery Plans
- Low Vision Evaluations and Provision of Visual Aids Documentation
- Guidelines for Behavior Interventions, Counseling Services and Psychological Services
- Behavior Intervention Reports
- Transition Plans
- Statewide Assessment Results

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for K-12 and Label "I. (G) K-12 Program."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

F. Multiple Disabilities Programs (MDP)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Services for learners are in compliance with statutory and regulatory mandates and are consistent with the organization's mission statement.			
2. A written Individualized Education Program has been implemented for each learner.			
3. The Individualized Education Program is based on assessment results and indicates decisions made about the appropriate learning media needs, technology and adaptive devices, and orientation and mobility skills for the individual learner.			
4. Learners receive related services such as speech, physical, occupational therapy, and orientation and mobility as determined through assessment and the Individualized Educational Program.			
5. Interdisciplinary team members, with input from parents and learners, determine and periodically review learning media based on functioning levels and needs as determined by individualized assessments.			
6. Learners have access to academic course work with appropriate modifications as identified in their Individualized Education Program.			
7. Learners have access to an Expanded Core Curriculum to address disability-specific education needs. Indicators: Expanded Core Curriculum includes: Assistive Technology, Career Education, Compensatory Skills, Independent Living, O&M, Recreation and Leisure, Self Determination, Sensory Efficiency, Social Interaction.			
8. Learners are grouped in consideration of chronological, learning, functional, and social needs.			

9. Physical spaces meet learner needs and are in compliance with statutory accessibility mandates.			
10. Written guidelines exist to establish parameters for behavior intervention.			
11. Personnel work cooperatively with learners, families, and local and state education organizations to provide the appropriate educational placement and services for each learner.			
12. Staff demonstrates knowledge of the combined effects of additional impairments including vision loss on the educational, social and emotional development of learners.			
13. Administrator holds applicable certification and licensure.			
14. Teachers meet state certification/licensure requirements for working with children who are visually impaired and meet additional state certification requirements for working with specific additional disabilities as required.			
15. Related services personnel hold a valid state license or certificates appropriate for their assignments.			
16. Personnel receive in-service training and continuing education in visual impairment and in the area in which they are assigned.			
17. Personnel are employed in sufficient numbers to meet educational objectives, health and safety needs of learners, and to meet state mandates for teacher-student ratios.			
18. Instructional materials are provided to learners in Braille, large print, recorded, or other accessible format based on individual requirements which are stated in the Individualized Education Program.			
19. Learners in residential programs have a coordinated educational and residential program which ensures implementation of the Individualized Education Program.			
20. Organization leadership provides and implements parent education, regular communication, and evaluation information to assist parents in advocating for their child.			

21. Written guidelines are provided for learner transitions to higher/vocational education, employment or rehabilitation placement as required by statutory mandates.			
Total Standards	/21	/21	/21

III. (F) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Multiple Disabilities Program, please provide copies of the following documents:

- Policy and Procedures for Multiple Disabilities Program including Coordinating Services for Learners in Residential Programs
- Description of Program including Purpose, Goals, Objectives and the Curriculum Used (brochure, website description, and etc.)
- Criteria for Providing Services and Eligibility Requirements
- Individual Needs Assessment Instrument/Tools
- Sample Assessment Results and Respective Sample Individualized Educational Programs (IEPs)
- Child Progress Reports that Provide Initial Goals, Baseline and Growth
- Verification of Credentials and Resumes for Program's Instructional Personnel, Administrators, and other Personnel
- Verification of Relevant In-service Training and Continuing Education Provided for and Completed by Personnel
- Total Number of Program Personnel Providing Instruction and Services; and Total of Children Served Daily, Weekly and Monthly
- Examples of Partner Collaboration Agreements for Service Delivery
- Examples of Parent and Family Involvement; and Activities and Communications to Encourage/Promote Parent and Family Involvement
- Comprehensive Service Delivery Plans
- Guidelines for Behavior Interventions
- Behavior Intervention Reports
- Coordinating Service Plans for Learners in Residential Programs
- Transition Plans

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Multiple Disabilities and Label "I. (G) Multiple Disabilities Program."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

G. Residential, Health Care and Recreation Services (RHRS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Residential living, health care and recreational services are consistent with the organization's mission statement.			
2. Residential living, health care and recreational services are guided and directed by a process for assessment of needs, goal setting, planning and evaluation.			
3. Residential living, health care and recreational services are clearly and purposefully organized to provide a safe, comfortable living environment conducive to the physical, social and emotional growth of each learner.			
4. There is a consistent system of supervision with appropriate staff to learner ratios including night times and off-campus activities.			
5. Residential, health care and recreation programs utilize a regular system of communication which includes written reports and records to facilitate daily shift changes and coordinate with academic/vocational staff.			
6. Residential learners have furnishings suited to chronological ages and developmental levels, and visual and physical limitations.			
7. There is compliance with statutory and regulatory accessibility mandates.			
8. Facilities are provided for learners to have opportunities to learn and practice skills necessary for independent living.			
9. Health care facilities are properly staffed, supplied and equipped to meet the needs of the organization.			
10. Health care staff is appropriately licensed and are available to provide and interpret health information to learners, families, school faculty, and staff.			

11. Health care services are available when learners are in residence and in the care of the organization at all times.			
12. Current and comprehensive medical, psychological and behavioral information is available for each learner and kept in confidential files.			
13. Procedures are in place to provide emergency care.			
14. There are written policies to care for and isolate learners with communicable diseases and the handling of fluids that may contain blood borne pathogens.			
15. Staff is trained to implement emergency procedures, care for and isolate learners with communicable diseases, and handle fluids that may contain blood borne pathogens.			
16. Health services staff administers and monitors medications as prescribed.			
17. Health services staff identifies health problems and refers for additional treatments.			
18. A planned program of recreational activities is offered that is appropriate for the developmental levels, abilities, interests and needs of learners.			
19. The physical facilities, adaptive equipment and supplies are adequate to achieve the purposes of the recreational program.			
Total Standards	/19	/19	/19

I. (G) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Residential, Health Care and Recreation Services, please provide copies of the following documents:

- Policy and Procedures for Residential, Health Care and Recreation Services including Supervision, Personnel: Learner Ratios, Safety, Medication, and Emergency Care and Response
- Description of Services including Purpose, Goals and Objectives (brochure, website description, and etc.)
- Process Chart
- Criteria for Providing Service and Eligibility Requirements
- Individual Needs Assessment Instrument/Tools
- Sample Assessments and Respective Results
- Verification of Credentials and Resumes for Program's Health Personnel, Administrators, and other Personnel
- Verification of Relevant In-service Training and Continuing Education Provided for and Completed by Personnel including Emergency Response and Safety Training
- Total Number of Program Personnel Providing Services; and Total of Residents Served Daily, Weekly and Monthly
- Examples of Parent and Family Involvement; and Activities and Communications to Encourage/Promote Parent and Family Involvement
- Published Recreational Activities Offered and Calendar of Activities
- Meal Menus and Schedule
- Guidelines for Behavior Interventions
- Behavior Intervention Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Residential, Health Care and Recreation and Label "I. (G) Residential, Health Care and Recreation Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Self-Study Summary

Respond to the following:

1. Identify the major strengths of the organization as they relate to the Education Program Standards.
2. If any of these standards have not been completely met, provide an explanation of those issues which have prevented compliance.
3. What major improvements or changes are planned to strengthen the overall management of the organization?
4. What major improvements or changes are planned for the future?
5. What additional major improvements need to be planned?
6. If applying for re-accreditation, what major improvements or changes have occurred in the last five years?

Section IV.

Rehabilitation Program Standards

A. Industries Employment Services (IES)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Policies for industries employment services are consistent with the organization’s mission statement and program objectives.			
2. Policies reflect a balance between the dual roles of providing employment opportunities and of producing quality goods and services.			
3. Clearly defined written goals, objectives, and plans are established for services consistent with the organization’s mission statement.			
4. Appropriate stakeholders have input into the organization’s long- and short-range goals, objectives and plans.			
5. Services are provided in accordance with applicable professional and ethical principles, laws and governmental regulations.			
6. Services are based on a written individualized, goal-based plan, which is developed jointly and agreed to by the consumer.			
7. Business practices are consistent with acceptable standards followed by similar competitive commercial and business enterprises.			
8. Consideration of potential product diversification and exploration of new and expanded markets are ongoing to ensure continuity of appropriate work opportunities.			
9. Records relating to all business practices are maintained. Indicators: contracts and data relevant to the determinations of prices and the bids submitted, dates and sources of prevailing wage rate information, documentation of production standards for each operation, statistical data used to calculate overhead/burden, production and delivery schedules, inventories of raw, in process, and finished materials, inventories of equipment with maintenance schedules			

where appropriate, applicable Department of Labor Wage Certificates and evidence of compliance from other governmental regulatory bodies, budgets and cash flow information, reports of insurance and other inspections, documentation of insurance coverage, payroll information.			
10. There is a formal and effective system of quality control implemented for all products and services.			
11. Orientation to the work site and training for specific jobs are provided.			
12. Sufficient assistance is provided for each person to develop the most productive method for performing the job.			
13. Ongoing training and supervision are available to help each person attain and maintain the maximum possible productivity.			
14. Work assignments are consistent with the skills, aptitudes, and interests of the persons receiving services.			
15. Reasonable accommodations are made to increase individual productivity. Accommodations can include such things as modifications to equipment and the work site, and reasonable modification of methods of operations.			
16. Confidential work records are maintained for each worker and include: work assignments and wage rates, and qualifications, such as copies of eye and medical reports.			
17. The work place is in compliance with OSHA applicable regulations.			
18. Adaptations are made to address any special safety and health needs of individual workers.			
19. The organization encourages, facilitates, and documents the placement of qualified persons into their maximum level of employment within the most competitive and integrated settings.			
20. The organization pays wages based on at least the minimum prevailing wage rates pursuant to legislative and regulatory mandates.			

21. The organization complies with all regulations pertaining to certificate wage holders under WIOA.			
22. All workers are informed in writing of the applicable Department of Labor Exemption Certificate terms and conditions.			
23. The organization provides fringe benefits in accordance with applicable legislative and regulatory mandates.			
24. Benefits are consistent for employees within the organization's policies.			
25. Personnel practices enhance the dignity of persons served and are consistent with the personnel practices for all employees of the organization.			
26. Personnel practices are based on established written policies and include, but are not limited to, equal employment opportunity, affirmative action, nondiscrimination, accumulation of earned benefits, re-employment after termination of services, and due process.			
27. A committee of persons receiving industries employment services meets periodically with representatives of management.			
28. An industries employment manual or handbook is available in alternate media for all persons receiving services.			
Total Standards	/28	/28	/28

IV. (A) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Industries Employment Services, please provide copies of the following documents:

- Policies and Procedures for Industries Employment Services
- Description of Services that includes Goals, Objectives
- Rule and Regulations for Industries Employment Services
- Eligibility and Admissions Criteria
- Examples of Stakeholders Involvement in Developing Plans and Goals
- Examples of Individualized Goal-based Plans and Related Job Placements
- Recent NIB Compliance Review Letter
- Quality Control Measures
- 14(c)Wage Certificate
- Wage Rates and Prevailing Wage Documentation
- Description of Benefits and Supporting Documentation
- Description of Job Placement Program
- Grievance Procedures
- Personnel Job Descriptions
- Industries Employment Services Budget
- OSHA Forms Listings Occupational Injuries and Illnesses
- Employment Manual

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Industries Employment Services and Label "I. (G) Industries Employment Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

B. Vision Rehabilitation Therapy Services (VRTS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Vision rehabilitation therapy services are based upon a plan that includes short and long range goals reflecting the needs of persons served and outlining the projected length of service. Indicators: present level of performance, age, amount and quality of vision and other remaining senses, cause of visual impairment, speed of skill acquisition, ability to conceptualize, presence of additional disabilities, unique needs.			
2. Vision Rehabilitation therapy services are implemented using certified vision rehabilitation therapists, certified low vision therapists, or certified occupational therapists who have an understanding of vision loss.			
3. Vision Rehabilitation therapy service providers are responsible for the delivery of rehabilitation therapy services.			
4. When Braille instruction is a goal within the vision rehabilitation therapy plan, a certified or licensed instructor will provide the service.			
5. Vision Rehabilitation therapy services are provided within the scope of practice of the discipline and include involvement of family members in achieving the plan for self-reliance.			
6. Vision rehabilitation therapy services assess strengths, needs, and interests for independent living services to meet the scope and type of functional ability desired by the consumer.			
7. The consumer's progress toward and accomplishment of the agreed upon goals is documented in the record.			
8. A follow-up system is in place to ascertain the need for additional services.			
Total Standards	/8	/8	/8

IV. (B) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Vision Rehabilitation Therapy Services (VRTS), please provide copies of the following documents:

- Policies and Procedures for Vision Rehabilitation Therapy including P/P for Training and Accommodations
- Description of Services that includes Scope, Goals and Objectives
- Sample Client Records that include Individual Needs Assessments Conducted, Assessment Results and Individual Service Plan
- List of Instructional Materials
- Credential Verifications and Resumes for VRTS Personnel Providing Services
- Personnel Job Descriptions
- Name and Resume of Individual Who Provides Braille Instruction
- Examples of Family or Care Provider Involvement in Service Delivery
- Examples of Consumer Progress Reports
- Follow-up Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Vision Rehabilitation Therapy Services and Label "I. (G) Vision Rehabilitation Therapy Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

C. Vocational and Rehabilitation Counseling Services (RCS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Vocational and rehabilitation counseling services are within the scope of the mission of the organization.			
2. Vocational services assess vocational potential of the individual and assess employment opportunities.			
3. Vocational evaluation services assess individual interests, aptitudes, abilities and behaviors in the context of a work environment to determine vocational goals.			
4. The rehabilitation counselor conducts assessment which identifies individual needs and setting of appropriate goals.			
5. Rehabilitation counseling services are provided by individuals who are certified rehabilitation counselors (CRC),			
6. The rehabilitation counselor provides direct one on one assistance to individuals desiring to overcome the social, emotional, and occupational barriers that prevent full participation in society.			
7. The rehabilitation counselor explores appropriate job placement for clients who are served.			
8. The rehabilitation counselor provides or arranges for appropriate support for clients who are newly employed.			
9. The rehabilitation counselor follows up on the needs of clients and the services that will help assure successful case closure.			
10. The rehabilitation counselor serves as an advocate for individual clients and through other service systems such as health and mental health service providers, housing, income maintenance, transportation, recreation, education, legal, and protective systems.			
11. There is a case management system to ensure efficient and effective delivery of services.			
12. Case management includes the provision of appropriate vocational counseling based on the individual service plan.			
13. Written procedures are followed regarding the monitoring of services, case closure, and follow-up services.			
14. An Individualized Plan of Employment (IPE) is based on comprehensive referral information including medical, psychological, ophthalmological, clinical low vision,			

<p>audiological reports and evaluation of education and work history.</p> <p>Indicators: physical capacities; intellectual capacities; vocational interests; aptitudes; personal, social, educational, and work history; work skills and tolerances; work habits; most effective learning mode; occupational awareness.</p>			
15. A written report of the results of the evaluation is prepared, and shared in compliance with confidentiality regulations.			
16. An individualized work adjustment plan is developed for each person based on needs that are clearly identified through evaluation findings, referral materials, observations and interviews.			
17. Work adjustment services and internships are provided as needed in appropriate settings to help prepare individuals for gainful employment.			
18. The plan specifies, in measurable terms, specific training procedures and techniques, work assignments, expected outcomes and the roles of persons involved in the individual plan.			
19. Employment services assist individuals to obtain employment.			
20. Employment services assist individuals to maintain ongoing employment.			
21. Employment services assist individuals to advance in employment.			
22. There is an ongoing program to locate appropriate employment opportunities and to inform employers of the capabilities of persons who are blind or visually impaired.			
23. Liaison is established with other local, state, federal and private employment services to seek out employment opportunities.			
24. Job development includes job site analysis and consultation with employers regarding reasonable job modifications that will facilitate employment, retention and advancement.			
Total Standards	/24	/24	/24

IV. (C) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Vocational and Rehabilitation Counseling Services, please provide copies of the following documents:

- Policies and Procedures for Vocational and Rehabilitation Counseling Services
- Description of Services that includes Scope, Goals and Objectives
- Employment Services Process Chart
- Sample Client Records that include Individual Needs & Interests Assessments Conducted, Assessment Results, Individual's Vocational Goals and Individualized Plan of Employment (IPE)
- Examples of Work Adjustment Plans
- Credential Verifications and Resumes for Personnel Providing Services
- Personnel Job Descriptions
- Description of Case Management System
- Directory of State and National Resources Used
- List of Materials Provided to Prospective Employers
- List of Employers Identified, Placements and Outcomes for Past 2 Years
- Examples of Additional Advocacy Efforts
- Examples of Consumer Progress Reports
- Follow-up Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Vocational and Rehabilitation Counseling and Label "I. (G) Vocational and Rehabilitation Counseling Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

D. Rehabilitation Recreation Services (RRS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Recreation services are based upon written plans that encompass the needs, characteristics, and interests of the individuals served and are within the scope of the mission of the organization.			
2. The recreation service is an integral part of the overall functional structure of the organization and service programs.			
3. There are written policies and procedures concerning the method of approval/referral necessary for client participation in the recreation program.			
4. Consultation and referral to recreation and related resources in the community are established and maintained to expand and integrate recreation options and access to services in the community.			
5. A comprehensive assessment of recreation needs and interests is a part of each team assessment and individualized written service plan.			
6. A plan is established for each person based on the results of assessment and includes goals and objectives, and a time frame for meeting stated goals and objectives.			
7. Activities are designed to help individuals achieve skills, independence, satisfaction, and physical development.			
8. Recreation program information is distributed in a manner that is accessible and clear to the participants and other interested persons and is regularly included in inter-departmental staffing.			
9. Recreation areas and facilities are designed and constructed as barrier-free environments that are aesthetic, functional, accessible and safe.			
10. The recreation service has established policies and procedures to ensure the proper use of equipment and supplies.			
11. All equipment is inspected regularly to keep it in safe operating condition.			
12. The recreation service has established written procedures for evaluating individual progress in relation to stated goals and objectives.			
13. Written copies of the evaluation become part of the organization's records.			

14. The information is available to case coordinators and other team members as part of the case review and coordination.			
Total Standards	/14	/14	/14

IV. (D) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Rehabilitation Recreation Services, please provide copies of the following documents:

- Policies and Procedures (P&P) for Rehabilitation Recreation Services including P&P for Selecting Equipment, Recreation Areas, Activities and Events
- Description of Services that includes Scope, Goals and Objectives
- Sample Client Records that include the Individual Needs & Interests Assessments Conducted, Assessment Results, Individual's Goals, Objectives and Individualized Service Plan
- Credential Verifications and Resumes for Personnel Providing Services
- Personnel Job Descriptions
- List of Recreational Activities, Schedule and Calendar for past 12 Months
- Guidelines for Equipment and Recreation Areas
- Examples of Consumer Progress Reports
- Follow-up Reports

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Rehabilitation Recreation and Label "I. (G) Rehabilitation Recreation Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

E. Rehabilitation Residential and Health Care Services (RRHCS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Residential services are within the scope of the mission of the organization.			
2. Residential services are based upon written short and long range plans and reflect input from a variety of sources including consumers, staff, and community organizations.			
3. Residential services are directed by an assessment of needs from which goals and objectives are identified followed by an implementation plan.			
4. Evaluations are conducted at least monthly to determine the progress made toward meeting residents' goals and objectives.			
5. Residential services are clearly and purposefully organized to provide a safe, comfortable living environment conducive to the physical, social and emotional growth of each individual.			
6. Residents have functional and comfortable living quarters and furnishings suited to chronological ages, developmental levels, and visual and physical limitations.			
7. Facilities are provided for residents to learn and practice skills necessary for independent living.			
8. There is compliance with statutory and regulatory accessibility mandates.			
9. The residents have decision-making responsibilities and freedom of choice.			
10. A written description of resident rights and responsibilities is available upon arrival at the facility.			
11. Health care facilities are properly staffed, supplied and equipped to meet the needs of the organization.			
12. Health care staff is appropriately licensed and are available to provide and interpret health information to consumers, families, and staff.			

13. Health care services are available throughout times when consumers are in residence and in the care of the organization.			
14. Current and comprehensive medical, psychological and behavioral information is available and kept in confidential files.			
15. Procedures are in place to provide emergency care.			
16. There are written policies to care for and isolate consumers with communicable diseases and the handling of fluids that may contain blood borne pathogens.			
17. Staff is trained to implement emergency procedures, care for and isolate consumer with communicable diseases and handle fluids that may contain blood borne pathogens.			
18. Health services staff administers and monitors medications as prescribed.			
19. Health services staff identifies health problems and refers for additional treatments.			
20. Rules, policies and procedures, including safety and emergency issues, are available to each resident in written form and in the appropriate media.			
21. Rules, policies and procedures are reviewed and modified at least annually with input from residents.			
22. At least one staff member trained in facility policies and procedures is on duty whenever individuals are in residence.			
23. Residential staff participates in a staff development program which includes residents' rights, confidentiality, incident reporting, safety and health needs, symptoms of abuse and neglect, interpersonal skills in relating to and supporting residents, and human guide techniques.			
Total Standards	/23	/23	/23

IV. (E) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Rehabilitation Residential and Health Care Services, please provide copies of the following documents:

- Policies and Procedures (P&P) for Rehabilitation Residential and Health Care Services including Confidentiality, Emergency Care, Safety, Medication and Resident Grievances P&P
- Description of Services that includes Scope, Goals and Objectives
- Resident Intake Application and Admissions Criteria
- Sample Client Records that include the Resident's Needs Assessments Conducted, Assessment Results, Resident's Goals, Objectives and Implementation Plan
- Documentation of Resident Rights and Responsibilities
- Monthly Resident Progress Reports
- Resident Grievance Reports; and the Findings and Resolutions for Past 12 Months
- Fire, Evacuation and Emergency Plans
- Credential Verifications and Resumes for Personnel Providing Services
- Personnel Job Descriptions
- List of Staff Trained in First Aid
- Records of Fire Drills
- Internal and External Health and Safety Inspection Reports
- Verification of Relevant In-service Training and Continuing Education Provided for, and Completed by, Personnel including Emergency Response and Safety Training
- Total Number of Program Personnel Providing Services and Total Number of Residents Served Daily, Weekly and Monthly

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Rehabilitation Residential and Health Care Services and Label "I. (G) Rehabilitation Residential and Health Care Services."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

F. Provision of Reading Materials (PRM)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Policies, goals, objectives, and plans are established for the program for the provision of reading materials consistent with the organization's mission statement.			
2. The provision of reading materials is conducted in accordance with applicable professional, ethical, and legal principles.			
3. The organization uses designated personnel to implement the provision of reading materials.			
4. Comprehensive written evaluations are conducted to measure the efficiency and effectiveness of the provision of reading materials.			
5. The findings from evaluations are included as a systematic component of goal setting, policy making, planning, budgeting, and developing improved evaluation procedures.			
6. Standard format and procedures conform to the latest guidelines published by the appropriate body for the production and provision of electronic materials.			
7. Personnel involved in the production of electronic materials for persons who are blind and those with low vision and print-disabled have received appropriate training.			
8. Criteria for transcribers and other personnel directly involved in the transcription process are documented and published by the program as part of its recruitment and hiring procedures.			
9. Testing procedures and auditions involve an evaluation process by knowledgeable people who verify candidates' abilities.			
10. Written training procedures are uniformly implemented.			

11. Training and instruction are provided to develop familiarity with and skill in applying the rules and format guidelines of the transcription service.			
12. Supervised practice in preparation for audition or testing is provided.			
13. Training is provided whenever an official guide or manual is revised, when changes are made in the standard format, procedures and equipment used by the program.			
14. Written procedures define the transcription process.			
15. Copyright permission is obtained when necessary.			
16. Specialized material is assigned only to transcribers who are familiar with the subject matter.			
17. Each assignment includes written directions regarding format, production records, schedule of installments, and the expected completion date.			
18. Any changes required for the effective presentation of a text are governed by official codes or nationally accepted procedures and practices.			
19. The electronic materials are proofread and corrected. Proofreading reports are documented.			
20. Corrections are made by the same method as the original transcription.			
21. The program follows written policies and procedures concerning the duplication of masters or original transcriptions.			
22. Transcribed reading material is provided in a clear, clean and uniform manner.			
23. A systematic program of quality assurance is followed internally as part of the duplicating process.			
24. Written procedures are developed and implemented for the distribution process.			

25. The transcriptions are packed in durable containers appropriate for the method of shipment and are identified for the users.			
26. Procedures include attention to prompt return and re-circulation of loaned materials.			
27. Written procedures are developed and implemented for the storage of transcribed materials.			
28. Returned materials are inspected for suitability for continued use.			
29. The program provides specifications for standard format and procedures of Braille materials that are consistent with those established by the Braille Authority of North America.			
30. Personnel involved in direct transcription of brailled materials are certified by National Library Service.			
31. Written training procedures are uniformly implemented.			
32. Certified transcribers and experienced braillists provide classes or individual training for potential transcribers.			
33. Training includes code changes, textbook format, mathematics, and any other area as required.			
34. Official actions of the Braille Authority of North America are monitored, and transcribers are notified of changes to existing codes and of new codes.			
35. Written procedures define the transcription process.			
36. Copyright permission is obtained when necessary.			
37. Specialized material is assigned only to transcribers who are proficient in code(s) and formats required.			
38. Written instructions regarding format accompany each assignment.			
Indicators: code(s) required, page size, title page, format, length of Braille line, Braille page identification, running head, or other required formats,			

number of pages per volume, equipment: manual Braille writer, computer software, contact if further instructions are required			
39. Any changes required for the effective presentation of a text are governed by official codes and nationally accepted procedures and practices.			
40. The Braille is proofread and corrected. Proofreading reports are documented.			
41. Corrections are made by the same method as the original transcription. Pages that require erasures to correct are re-transcribed.			
42. Equipment utilized in the production of brailled materials is appropriate to the program goals.			
43. The program follows written policies and procedures concerning the distribution of brailled materials.			
44. Packaging for paper Braille volumes is sized appropriately for the volume(s). The Braille pages are not compressed from any direction.			
45. All materials are clearly labeled in print and Braille.			
46. Written procedures are developed for the storage of brailled materials.			
47. Computer masters are kept in a protective environment from temperature extremes. All masters are duplicated and the duplicate is stored separately from the original.			
48. Returned materials are inspected for suitability for continued use.			
49. Standard format and procedures conform to the latest guidelines for the production and provision of large print reading material.			
50. Personnel involved in the production of large print materials have received appropriate training.			

51. Criteria for personnel directly involved in the production of large print materials are documented and published by the program as part of its recruitment and hiring procedures.			
52. Evaluation procedures involve knowledgeable people who verify the candidate's ability.			
53. Written training procedures are uniformly implemented.			
54. Training and instruction are provided to develop familiarity with and skill in applying the rules for enlarging materials.			
55. Training is provided whenever an official guide or manual is revised, when changes are made in the enlarging standard format and equipment used by the program.			
56. Written procedures are defined for the enlarging process.			
57. Copyright permission is obtained when necessary.			
58. Specialized material is assigned only to persons who are familiar with the subject matter.			
59. Each assignment includes written directions regarding format, production records, schedule of installments, and the expected completion date.			
60. Any changes required for the effective presentation of a text are accepted by procedures and practices.			
61. The large print material is proofread and corrected. Proofreading reports are documented.			
62. Corrections are made by the same method as the original printing process.			
63. The program follows written policies and procedures concerning the duplication of masters and original documents.			
64. The program replies promptly to requests and states the conditions for providing copies.			
65. Large print reading material is provided in a clear, clean, and uniform manner.			

66. Whenever photo enlargement is used, every effort is made to adhere as closely as possible to nationally accepted standards for print clarity and size.			
67. A systematic program of quality assurance is followed internally as part of the duplicating process.			
68. Equipment utilized in the production of large print materials is appropriate to meet the demands of the task.			
69. Printing and duplicating equipment is properly maintained to ensure that print quality is consistently clean, properly spaced and legible.			
70. Binding equipment is properly maintained and adjusted.			
71. Written procedures are developed and implemented for the distribution process.			
72. Large print materials are packed in durable containers appropriate for the method of shipment and are identified for users.			
73. Material on loan is shipped in reusable containers.			
74. Written procedures are developed and implemented for the storage of large print materials.			
75. Returned materials are inspected for suitability for continued use.			
Total Standards	/75	/75	/75

IV. (F) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the organization's Provision of Reading Materials, please provide copies of the following documents:

- Policy and Procedures for Provision of Reading Materials
- Rules and Regulations for the Provision of Reading Materials
- Verification of Credentials and Resumes for Personnel and Others Providing Services
- Criteria for Transcribers and other Personnel Directly Involved in the Transcription Process
- Transcription Process Chart
- Sample Proofreading Reports
- Quality Assurance Measures
- Material(s) Loan Program Guidelines; and Material Loan(s), Return and Inspection Log
- Written Training and Instruction Guidelines
- Examples of Personnel Training Workshops, Modules and or Curricula
- List of Equipment and Maintenance Records

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Provision of Reading Materials and Label "I. (G) Provision of Reading Materials."

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

G. Blindness Prevention Services (BPS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. The organization’s mission statement allows for prevention of blindness services and vision loss components.			
2. There are written statements from the organization’s board and administration establishing governance and procedural processes for planning development and implementation of prevention services.			
3. There is a written plan that identifies a population for which the organization provides services and describes the range of activities implemented that are directed toward prevention of blindness and vision loss.			
4. Blindness prevention services are based upon long- and short-range plans and reflect input from a variety of sources, including consumers, professional staff, community organizations and health financial services.			
5. Blindness prevention services are planned and organized in response to information collected that identifies the needs of individuals being served.			
6. Planning is broadly based with provision for appropriate participation by members of the governing, advisory body, administrators, the designated staff member responsible, other staff, volunteers, persons served and consumers and consumer groups, specialized consultants, personnel of related organizations, community planning and funding bodies, and appropriate local, state, regional, and national groups.			
7. Activities are carried out in close collaboration with other key stakeholders, including eye-care practitioners, health service providers, consumers, government organizations, other rehabilitation agencies, and third party payers.			
8. Activities include direct service provision and active advocacy for blindness prevention services provided.			

9. There is consistent participation in the planning of activities from all administrative and staff levels as well as related service providers and consumers.			
10. Services are clearly identified within the organization as a separate program with specific allocation of resources and personnel who are accountable for implementation of services.			
11. An identified coordinator is responsible for ensuring that standard operational procedures are followed, is involved in budget preparation, and is accountable for program implementation and the efficiency and effectiveness of service delivery.			
12. Advocacy for eye care is evident through documented activities with other organizations and public statements of need and services to encourage screening and appropriate eye care.			
13. The organization cooperates with other organizations and services in the community that advocate for safety, care and treatments that prevent blindness and vision loss.			
14. Regular and documented contacts are made with schools, health departments, physicians, and human service organizations to coordinate resources and facilitate prevention of blindness services to the public.			
15. The organization is an aggressive advocate for the provision of comprehensive eye-care services such as refraction, therapeutic, and surgical, that are affordable, universally accessible, and of high quality.			
16. Calendars, schedules, and records of activities demonstrate frequency of regular planning for blindness prevention activities.			
17. Personnel involved in this program maintain open channels of communication through conferences and exchange of written messages to facilitate day-to-day planning, problem solving, and coordination with other services provided by the organization.			
18. All individuals involved with blindness prevention services are licensed or certificated as required by law or regulation.			

19. An adequate number of personnel is assigned enough working time to implement the program efficiently.			
20. Volunteers are recruited, screened, and selected, oriented, trained, placed, supervised, evaluated, and given recognition in accordance with Personnel Administration and Volunteer Services.			
21. Employees, consultants, and volunteers possess specific education, training, and experience that are appropriate to their assignments.			
22. Provision is made in the organization's staff development plan for an ongoing program of in-service training for all personnel, including volunteers.			
23. The coordinator of this program is involved in the planning and the provision of the program of in-service training.			
24. In-service training encompasses timely topics, including applicable safety and emergency procedures as appropriate for each category of participating personnel.			
25. Personnel receive annual competency-based training to ensure that their requisite knowledge and skills are consistent with contemporary standards.			
26. Additional staff members, who are appropriately qualified by training and experience to carry out blindness prevention activities effectively, are employed or made available as needed.			
27. Screening services are conducted by qualified and trained personnel using correct procedures with equipment and materials that are properly maintained and adhere to current best practice.			
28. Vision screening programs conduct specific activities to locate and identify people who are most at risk of vision loss.			
29. Individuals are invited to screening programs via public education about the causes of blindness as well as ways to prevent blindness and visual loss through a variety of ongoing activities and communication media.			

30. The personnel who provide these services demonstrate knowledge of the causes and risk factors for blindness and vision loss.			
31. The screening service being provided adheres to best practice protocols that address appearance of the eye, behavior or the individual and appropriate measurement instruments.			
32. Screening equipment is maintained in good working order and provisions are made for ongoing maintenance, repair, and recalibrations of instruments and equipment as needed.			
33. Specific, observable symptoms that indicate risk factors for current vision loss and significant potential for future vision loss are identified and screeners are trained to observe and test for these symptoms.			
34. Screening protocols are recognized by eye care professionals to be valid and effective for their intended purpose.			
35. Screening protocols and test materials are recognized to be appropriate for the population being evaluated (age, education, language).			
36. When screening demonstrates vision loss or risk of potential vision loss, individuals are referred with appropriate documentation to eye doctors for evaluation.			
37. A feedback system is in place to ensure that follow-up care takes place.			
38. Facilities are compliant with local requirements for accessibility and have appropriate lighting and other visual adaptations for screening and other blindness prevention activities.			
39. The facilities and physical space used for all activities are accessible and are appropriate for activities being conducted.			
40. All facilities comply with accessibility regulations and provide contrasting walls, doors, and furniture to create a better visual environment.			

41. A collection of current reference materials and general information on vision rehabilitation and low vision care is available to staff, consumers, and the general public for educational purposes.			
Total Standards	/41	/41	/41

IV. (G) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the Blind Prevention Services, please provide copies of the following documents:

- Policy and Procedures for Blind Prevention Services
- Description of Services including Scope, Goals and Objectives
- Annual Blind Services Prevention Plan that includes Strategy, Activities and those who Contributed to Developing the Plan
- List of Service Delivery Collaboration Partners and Descriptions of Each Service Provided and or Supported
- Blind Prevention Services Budget
- Examples of Related Advocacy and Materials
- Name, Resume and Job Description for Program Coordinator
- Calendars and Schedule of Blindness Prevention Activities for the Past 12 Months
- Verification of Credentials for Personnel, Consultants, Volunteers and Others Providing Services as Required
- Examples of Personnel Training Workshops, Modules and or Curricula
- Copies of Personnel Evaluations
- Screening Guidelines and Protocols
- List of Screening Equipment and Applicable Maintenance Records
- Referral Process and Guidelines
- List of Collaboration Partners, Cooperating Agencies and Eye Care Specialists
- Description of Follow-up Care Process and Examples
- Facility Accessibility Checklist
- Sample of Blind Prevention Reference and Promotional Materials and Resources
- Annual Service Audit Report

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Blind Prevention Services and Label “I. (G) Blind Prevention Services.”

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Community Integration Services accommodate groups of individuals who are blind and those with low vision in age-appropriate community environments. The skills and experiences achieved help to reinforce a sense of worth and to develop confidence about entering into other relationship and environments.

H. Community Integration Services (CIS)	Review Committee Decision		
	Fully Met	Partially Met	Not Met
1. Community integration programs are within the scope and mission of the organization.			
2. Community integration programs are an integral part of the overall functional structure of the organization and service programs.			
3. There are written policies and procedures concerning the method of approval for component activities.			
4. Eligibility criteria are clearly articulated, including all fees and charges for participation and expectations for travel to and from scheduled activities.			
5. The qualifications, skills and experience of staff and volunteers are appropriate to oversee the specific component activities that are assigned to them.			
6. The organization has well-established linkages with relevancy community constituencies such as educational, vocational, family, independent living, social, recreational, and cultural to ensure that their integration expectations are addressed by the program.			
7. These constituencies are represented in the planning and implementation of the community integration program(s) as appropriate.			
8. A plan is established for the participant group that is based on the results of assessment and includes written objectives for each identified activity component.			
9. The program activities are designed to meet the shared group needs and interests as established by the community			

consultations and group participants and as stated in the written objectives.			
10. Activities are designed to help individuals achieve community and social integration, competence and experience.			
11. Community integration program information is distributed in a manner that is accessible and clear to the participants, their families, and to other interested stakeholders.			
12. Community recreation areas and facilities are designed and constructed as barrier-free environments that are aesthetic, functional, accessible and safe.			
13. Program staff monitors the participation and documents the progress of individual group members to ensure that they are enjoying and benefitting from all planned group activities.			
14. Individualized counselling and support remediation are readily available to assist any group participants who are experiencing problems which are self-identified, reported by family members, or observed by program staff.			
Total Standards	/14	/14	/14

IV. (H) Required Documents

To illustrate compliance to the standards and to enable a full evaluation of the Community Integration Services, please provide copies of the following documents:

- Policy and Procedures for Community Integration Services
- Description of Services including Scope, Goals and Objectives
- Criteria and Eligibility Requirements
- Names, Resumes and Job Description for Personnel
- List of Community Partners and Description of Relationship
- Individual Needs Assessment Reports
- List of Program Activities
- Guidelines for Selection of Recreation Areas and List of Recreation Areas Used in Past 12 Months
- Sample of Consumer Records including Consumer Progress Reports
- Method for Measuring Consumer Satisfaction and Applicable Surveys and Question Sets

See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Community Integration Services and Label “I. (G) Community Integration Services.”

Organization: please provide an attachment to identify and explain any standard that is partially met or not met.

Reviewer Comments Section

Self-Study Summary

Respond to the following:

1. Identify the major strengths of the organization as they relate to the Rehabilitation Program Standards.
2. If any of these standards have not been completely met, provide an explanation of those issues which have prevented compliance.
3. What major improvements or changes are planned to strengthen the overall management of the organization?
4. What major improvements or changes are planned for the future?
5. What additional major improvements need to be planned?
6. If applying for re-accreditation, what major improvements or changes have occurred in the last five years?