

---

# CVI Educational Assessment Application

## **Submitter**

1. Submitter's Name

---

2. Submitter's Role

---

## **Student**

3. Student's First Name

---

4. Student's Last Name

---

5. Date of Birth

---

*Example: January 7, 2019*

6. How did you hear about Perkins?

*Check all that apply.*

- Advertisement
- Campus Visit
- Conference/seminar - External
- Conference/seminar - Perkins
- Information Session
- Trade Show
- Web
- Webinar
- Word of Mouth
- Other

7. Gender

*Mark only one oval.*

- Female
- Male
- Non-binary
- Other
- Prefer not to say

**Address**

8. Country

---

9. Street Address, City, State, Zip/Postal Code

---

**Parent/ Guardian Information**

If you wish to provide another guardian's contact information, please write it on the back.

10. First Name

---

11. Last Name

---

12. Phone Number

---

13. Email Address

---

14. Relationship to student

---

**Student Information Essential to Assessment**

15. Ocular Diagnosis

---

---

---

---

---

16. Neurological/ Cortical Diagnosis

---

---

---

---

---

17. Other (i.e. autism, genetic disorder, significant birth history, etc.)

---

---

---

---

---

**Background**

18. Please list your child's top three best qualities/strengths.

---

---

---

---

---

19. What are your child's favorite things and activities?

---

---

---

---

---

20. Which of the following statements best describe your child's diagnosis status?

*Check all that apply.*

- My child has a diagnosis of CVI by a medical professional
- My child is suspected of having CVI by a medical professional
- My child is suspected of having CVI by an educational professional or therapist (teacher, OT, SLP, PT etc.)
- My child is identified as being "at risk" for CVI and is being monitored
- Suspected by parent and/or legal guardian
- Other

21. If diagnosed with CVI, please share the following: name of diagnosing doctor, title/credentials, name of practice, and year or age of diagnosis.

---

22. Please list any additional diagnoses.

---

---

---

---

---

23. Was your child born prematurely?

*Mark only one oval.*

- Before 28 weeks gestation
- 29-32 weeks gestation
- 33-37 weeks gestation
- No; born full-term

24. If your child sustained a brain injury, what age was the injury?

*Mark only one oval.*

- Prior to delivery
- During birth
- Shortly after birth
- Within the first 6 months of life
- Within the first year of life
- Before 2 years of life
- After 2 years of life

25. To the best of your knowledge, does your child have a history of atypical MRIs? If so, what was the approximate year of the MRI?

---

26. Were there any other significant events during pregnancy and/or birth?

---

27. Did your child have an extended stay in the NICU (neonatal intensive care unit)?

*Mark only one oval.*

Yes

No

Maybe

28. If so, what was their length of stay in the NICU?

---

29. Was breathing supplementation or oxygen needed during birth and/or in the NICU?

---

30. Co-existing ocular issues: please check any of the following that apply.

*Check all that apply.*

No co-existing ocular issues

I'm not sure

Refractive error: Glasses have been recommended

Strabismus (eye(s) turn inward, outward, upwards, downwards)

Reduced contrast sensitivity (trouble seeing light objects on a white background or dark objects on a dark background)

Nystagmus (eyes appear to shake)

Pale or unusual optic nerves (ex. optic atrophy, optic hypoplasia, pale optic nerves, cupping)

Coloboma

Issues with the retina

Other

31. What concerns do you have about your child's use of vision?

---

---

---

---

---

32. What changes (if any) have you seen in your child's vision over time?

---

---

---

---

---

33. Is your child registered as being legally blind?

*Mark only one oval.*

- Yes
- No
- Unsure

34. I have concerns about how my child

*Mark only one oval.*

- Visually navigates and travels
- Visually interacts with and recognizes people
- Visually accesses school work
- Visually interacts with objects and activities of self-care
- Visually understands his/her world
- Significantly relies on their other senses more than using their vision
- Ability to entertain himself/herself
- Other



35. Please explain your answers from the previous question

---

---

---

---

---

36. Does your child have seizures or a history of seizure activity?

*Mark only one oval.*

Yes

No

37. Which of the following describes your child's typical alert state:

*Mark only one oval.*

Calm and alert

Periods of drowsiness and prolonged sleep during the day

Frequent states of hyperarousal (high energy, overly alert)

Frequent states of agitation with or without aggression

Other

38. Do you have any concerns regarding your child's behavior, such as table clearing, property destruction, or aggression towards others?

---

39. My child demonstrates adverse reactions to

*Mark only one oval.*

Indoor lighting

Outdoor lighting

No adverse

reaction

40. Does your child have difficulty traveling between areas of different lighting levels (dark space to bright space, bright to dark etc.)?

*Check all that apply.*

Yes, has difficulty with transitions from dim/dark to bright

Yes, has difficulty with transitions from bright to dark/dim

No difficulty

Other

### **Current Services**

41. Please check off all current services

*Check all that apply.*

General Education Teacher

Special Education Teacher

Teacher of the Visually Impaired (TVI)

Orientation & Mobility Specialist (COMS)

Deafblind Specialist

Behavior Support (Board Certified Behavior Analyst, BCBA)

Speech-Language Pathology (SLP)

Occupational Therapy (OT)

Physical Therapy (PT)

Developmental Specialist (Early Intervention based)

Music Therapy

Other

## Hearing

42. Please check all that apply to your child

*Check all that apply.*

- Hearing is within normal limits
- Auditory Processing Disorder (APD)
- Hard-of-hearing
- Deaf
- Wears hearings aids (behind the ear; BAHA: bone-anchored hearing aid)
- Has cochlear implant(s)
- Uses an FM unit

## Motor

43. My child

*Check all that apply.*

- Can use their arm(s) to bat objects or swipe objects off a table
- Can reach for an object
- Can pick up an object
- Can hold an object
- Can pick up and then release an object
- Can place an item on a table or bin
- Can swipe through or control an iPad
- Can flip through pages of a book

44. In order to get around, my child

*Check all that apply.*

- Crawls, scoots, and/or rolls
- Cruises with furniture support
- Walks independently
- Uses a wheelchair independently
- Uses a long cane or other orientation and mobility device
- Walks with adult assistance (hand holding, sighted-guide etc.)
- Walks with a supportive device (walker, push cart)
- Uses a wheelchair or stroller with full adult assistance
- Uses stairs (with or without physical support)
- Navigates curbs or other small changes in depth (i.e. a single step)

**Communication**

45. My child expresses his/her self through the following:

*Check all that apply.*

- Looks towards people or things of interest
- Body movements and/or facial expressions
- Crying, and I have to figure out what they want
- Vocalizing, and I know what that vocalization means
- Gestures and/or pointing
- Reach/retrieve
- Speech approximations
- Speech: understood by familiar people
- Speech: understood by all
- Sign Language: Full American Sign Language (ASL)
- Sign Language: Signed English
- Sign Language: Single words
- Sign Language: understood by familiar people
- Sign Language: understood by all
- Uses object symbols
- Uses picture symbols
- Written word/braille
- Uses a communication device
- Other

46. If your child has a pile of toys/items in front of them, are you always sure of what they're searching for?

*Mark only one oval.*

- Yes
- No

47. If yes, how do you know?

---

48. Is your child involved in reading and writing instruction?

*Mark only one oval.*

Yes

No

### **Academic Profile**

49. Can your child match identical items?

*Mark only one oval.*

Yes

No

50. My child can read

*Check all that apply.*

Letters of the alphabet

A few specific words

Sentences

Paragraphs

Other

51. My child can write

*Check all that apply.*

The individual letters of the alphabet

A few specific words

Sentences

Paragraphs

Other

52. My child writes using

*Check all that apply.*

- Writing implement and paper (pen, pencil, crayon, marker etc.)
- A computer with keyboard
- iPad
- Dictation
- Braille
- Other

### **Vision Skills**

53. Please list how your child recognizes items (in order of most used to least): Sound, Touch, Vision, Smell

---

54. My child ONLY recognizes based on sound and/or touch

*Mark only one oval.*

- Yes
- No

55. To help your child find something, do you provide any of the following supports

*Mark only one oval.*

- Color (ex. 'it's in the blue bin')
- Object shape (ex. 'it's the big square')
- Relative location (ex. 'it's near the door')

56. Which of the following statements BEST describes your child's visual attention (what your child looks at)?

*Mark only one oval.*

- My child will look at anything and does so right away
- My child will look at most things, but it takes them some time
- My child only looks at a few specific things
- My child does not look at anything

57. Select the statement that BEST describes your child's length of visual attention

*Mark only one oval.*

- My child will look directly at an object and hold their gaze on it
- My child looks very briefly at objects

58. Which of the following statements best describes your child's visual recognition (what your child looks at and understands)?

*Mark only one oval.*

- My child will look at anything and visually recognize it right away
- My child will visually recognize most things, but it takes them some time
- My child visually only recognizes familiar things right away
- My child visually only recognizes familiar things and it takes them some time
- My child has difficulty visually recognizing almost everything
- Othe

**Additional Details**

59. Is there anything else that you would like to tell us about your child?

---

---

---

---

**Please send all required documents, including this form to the address or email below. Please note, the student's referral is not complete until all required documents are submitted.**

**Documents Required**

Eye doctor report

Neurology report and MRI report (if available)

Psychology or neuropsychological report (if available)

Current IEP / IFSP

Report from Teacher of Students with Visual Impairment (TVI) (e.g., functional vision report, learning media assessment, and/or annual report)

Picture of the student

Video(s) of student\*

**Mail:** Evaluations Department

Perkins School for the Blind

175 North Beacon Street

Watertown, MA 02472

**Email:** Evaluations@Perkins.org

\*Please email videos to evaluations@perkins.org

**Assessment Payment**

**Cost:** \$1,200.00

60. Payment Option\*

\*Please note this is an educational assessment and insurance can not be used for it.

*Mark only one oval.*

Parent Pay

School Funded



**Feedback**

61. How long did it take you to complete this form?

*Mark only one oval.*

- 5 minutes or less
- 5-10 minutes
- 10-15 minutes
- Other

62. Were the questions clear and easy to understand?

*Mark only one oval.*

- Yes
- Somewhat
- No

63. Please share any additional feedback

---

---

---

---

---

**Privacy Policy**

*By submitting this form, I am confirming I have read and agree with the [Privacy Policy](#).  
(located under this document)*

**If you have any questions please contact us at (617) 972-7573 or  
evaluations@perkins.org**

Perkins School for the Blind (“Perkins”) values your privacy. We have created this privacy policy to help you understand the privacy practices for Perkins’ website(s) and services, including how and why we collect information on our website(s) and how we protect your privacy in doing so. By interacting with Perkins through our website(s) and services, you consent to the use of information that is collected or submitted as described in this privacy policy.

### *About the information we collect*

You may choose to provide personal information directly to us in the following manner:

- Subscribing to Perkins communications or other Perkins-curated news, services and products
- Making a donation to Perkins
- Applying to participate in a Perkins program or activity
- Purchasing goods or services
- Submitting an inquiry, question or request
- Registering to attend or volunteer at Perkins-sponsored events and activities
- Participation in advocacy efforts, network(s) or volunteer opportunities
- Submitting applicant information, such as contact details, employment history and qualifications, in response to a job application or for admission
- Providing feedback about our services

The information you provide may include your name, mailing address, email address, phone number, date of birth and/or credit/debit card number.

Our systems may also collect information automatically about your browser or mobile device. This information may include your IP address, browser type or mobile device information, or geolocation, as well as how our site is being used, the pages visited and the search terms entered.

If you choose not to provide information, we may not be able to provide you with the requested information or services.

### *How we use your information*

We use personal data for the following purposes:

- To provide information about our programs, goods, services, courses, events and activities
- To respond to an inquiry, question or request
- To provide news about Perkins
- To provide communications to Perkins alumni
- To process payment for a donation to Perkins

- To evaluate candidates for employment, or applicants for admission to Perkins or a Perkins program
- To support the work of Perkins
- For other reasons, with your consent

We may use non-personal data for systems administration and security purposes, as well as to analyze trends, track users' movements, gather broad demographic information for aggregate use to help us improve the website and deliver customized, personalized content. We may use geographic, demographic and interest-based reports of our website visitors to create custom audience lists. This data is used in the aggregate and does not contain personally identifiable information. We do not link IP addresses to any personal information.

#### *Sharing your information*

We occasionally hire third parties to provide limited services on our behalf. We only provide these third parties the information they need to deliver the service, and we prohibit them from using that information for any purpose other than providing services for our and our users' benefit. We do not share, sell, rent, swap or authorize any third party to use your email address for commercial purposes absent your express permission.

From time to time, we exchange names and postal addresses of Perkins' donors with other related non-profit organizations, which aids in our efforts to invite more individuals to support the work of Perkins. We do not share email addresses or phone numbers. If at any time you prefer not to have your name and address shared in this manner, contact the Development Operations Department at [SupportPerkins@Perkins.org](mailto:SupportPerkins@Perkins.org) or 617-972-7328, and we will update your preferences.

Please note that we may use or disclose personal data if we reasonably believe that it is necessary to protect the rights and safety of Perkins or our users, to comply with a judicial or regulatory proceeding or a court order or as otherwise required by law.

#### *Cookies and interest-based advertising*

Cookies may be used to enhance your experience of our site. Cookies are pieces of information that we transfer to your computer's hard drive through your web browser to enable our systems to recognize your browser and to provide features such as remembering your customized settings for viewing our site and saving your password. You may control how cookies are used through the preferences on your web browser.

#### *Do not track*

Some browsers have a "do not track" feature that lets you tell websites that you do not want to have your online activities tracked.

### *Information protection*

We maintain administrative, technical and physical safeguards to protect your personal information. When we collect or transmit sensitive information, such as a credit or debit card number, we use industry standard methods to protect that information. Credit and debit card information is used solely for the purpose of completing a specific transaction and such information is not retained in our database.

We also protect account information by storing it on a secure portion of our site that is only accessible by authorized individuals. Unfortunately, no website, database or system is completely secure. While Perkins strives to protect your information, we cannot guarantee security. You are also responsible for taking reasonable steps to protect your personal information against unauthorized disclosure or misuse.

### *Other websites*

Our site may contain links to other websites not managed by Perkins, which we believe our users may find interesting or informative. Perkins is not responsible for the content or accuracy of information on other sites; therefore, including a link to other sites should not be construed as an endorsement by Perkins of that site. If you visit one of these sites, you should review the privacy policy on that site. If you visit our website through a link or a banner advertisement on another site, the site you linked from may collect information about you. Perkins has no control over what information, if any, third-party sites may collect or do with such information. You should refer to the privacy policies on those sites to see how they collect and use this information.

### *Accessing and updating personal information*

In order to keep your personal information accurate and complete, you can access or update your information by contacting [Privacy@Perkins.org](mailto:Privacy@Perkins.org) with your current contact information and the personal information you would like to access. We will provide you with the personal information requested, if reasonably available, or will describe the types of personal information we typically collect.

### *European Union residents*

We will process your personal data only (1) with your consent; (2) to perform a contract between you and Perkins; (3) to comply with a legal obligation; (4) where it is necessary to protect someone's life; (5) to perform a task in the public interest; or (6) where Perkins has a legitimate interest to do so, balancing this interest against your interests and fundamental rights.

If you reside in the EU, you may exercise your personal data rights under GDPR by contacting us at [Privacy@Perkins.org](mailto:Privacy@Perkins.org). Specifically, you may have the

following rights subject to the exceptions allowed by law:

- To access your information
- To rectify or update your information
- To erase your information, subject to our need to retain certain information for legal or other purposes
- To receive a copy of your information
- To object to or restrict processing of your information

*Opting out of communications*

If at any time you wish to limit the ways in which Perkins contacts you, you may contact us at [Privacy@Perkins.org](mailto:Privacy@Perkins.org).

Details on how to correct, change or remove subscription information from our email lists are also provided in the text of each email distribution. If you are not currently receiving information from Perkins and would like to, or if you would like to receive additional information, you may update your preferences at the following address: [Perkins.org/Subscribe](http://Perkins.org/Subscribe)

*Changes to this policy*

We may amend this privacy policy from time to time without prior notice by posting a revised privacy policy. Alternatively, we may provide supplemental privacy notices on specific occasions when we are collecting or processing personal data about you. Those supplemental notices should be read together with this privacy policy.

*Contact us*

If you have questions about this privacy policy, you may contact us in the following ways:

Email: [Privacy@Perkins.org](mailto:Privacy@Perkins.org)

Address: 175 North Beacon Street Watertown, MA 02472

Effective: November 20, 2018

Last updated: November 20, 2018