

**Low Vision AT Evaluation Cover Sheet**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reason(s) for Evaluation:** \_\_\_\_\_

<b>Task Type</b>	<b>Description of Task</b>	<b>Issues Surrounding Task Performance</b>
<input type="checkbox"/> Extended near/int. <input type="checkbox"/> Extended distance <input type="checkbox"/> Short-term near/int. <input type="checkbox"/> Short-term distance		

<b>Setting Type</b>	<b>Description of Task Setting(s)</b>	<b>Description of Evaluation Setting(s)</b>
<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Community <input type="checkbox"/> Other: _____		

**Visual Needs to be Addressed:**

- Clarity & Field of View: \_\_\_\_\_
- Visual Efficiency: \_\_\_\_\_
- Lighting & Glare Control: \_\_\_\_\_
- Contrast: \_\_\_\_\_
- Comfort & Confidence: \_\_\_\_\_

**LV AT Strategies to Evaluate**

- Non-optical devices: \_\_\_\_\_
- Prescribed optical devices: \_\_\_\_\_
- Video magnifiers:
  - Desktop video magnifiers: \_\_\_\_\_
  - Handheld video magnifiers: \_\_\_\_\_
  - Transportable video magnifiers: \_\_\_\_\_
  - Digital magnifiers: \_\_\_\_\_
- Tablets & mobile devices: \_\_\_\_\_
- Other: \_\_\_\_\_