

## MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – VISUAL IMPAIRMENT

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student \_\_\_\_\_

Date of Meeting \_\_\_\_\_

***Signatures of Participants in Attendance at Meeting:***

\_\_\_\_\_  
Parent/Guardian (as appropriate)

\_\_\_\_\_  
Administrator/Designee

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Special Education Teacher

\_\_\_\_\_  
( )

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\_\_\_\_\_  
( )

A – VISUAL IMPAIRMENT	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening    ___ Passed    ___ Failed	_____	_____
Hearing Screening    ___ Passed    ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation of Vision	_____	_____
Functional Vision Assessment	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

