Threshold Descriptors

VISUAL IMPAIRMENT

(to be used with Nursery Education Funded Children only)

S2-2
Please note:

- A Qualified Teacher of the Visually Impaired (QTVI) may be involved with a child from Range 1 if early intervention and the provision of appropriate resources would prevent a child moving into one of the higher ranges.
- Behaviours described are not specific to the ranges but are intended to be general indicators of a possible visual impairment which may be affecting learning.
- All descriptions of visual functioning assume child is wearing glasses if these have been prescribed. Some conditions are not correctible with glasses. Some children may have reduced vision in one eye only. Some children may have variable vision in varying light conditions and therefore may require a higher level of involvement. Some children may have deteriorating vision.
- Levels of QTVI input are only intended as guidelines. The degree of input will be influenced by an individual child's needs, the setting's effectiveness and QTVI capacity factors.
- Levels of Habilitation involvements are given as a guideline and programmes/ targets are planned around the individual needs of the child in relation to their age/stage of development. Support will be required for the child both in the education setting, at home and in the local environment to support developing Habilitation skills.

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<th>Range</th>
<th>Visual Impairment (Nursery) Descriptor</th>
<th>Assessment &amp; Planning</th>
<th>Grouping for Learning</th>
<th>Curriculum &amp; Teaching Methods</th>
<th>Resources</th>
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| 1     | Mild visual impairment which may include those children who:  
- require specialist advice due to medical recommendation or potential for changeable/ fluctuating conditions.  
- may find concentration difficult.  
- may peer or screw up eyes.  
Distance vision: approximately 6/18 Log Mar 0.5 (enlargement of x3 at 3 metres). This means that the child needs to be about 2 metres away to see what normally sighted children can see from 6 metres. (3 times nearer for all distances)  
Near vision: may come closer than necessary to investigate detail.  
Habilitation involvement:  
- May present unaware of visual cues/ landmarks in environment without prior awareness raising.  
- May be unable to follow visual cues such as routes around a building, | Assessment of vision by observation, information from medical personnel and with the use of vision assessment materials. School staff aware that child may be experiencing visually related learning difficulties and monitor child performance in this respect.  
Assessment of mobility, independence, orientation skills as appropriate (following referral from Qualified Teacher of the Visually Impaired) by Habilitation Officer.  
Assessment of functional vision for the purpose of Habilitation.  
Specialist Environmental Audit of setting provided by Habilitation Officer.  
Accessibility plans in place | Mainstream setting  
Intervention to provide support with independence skills related to VI  
EYFS curriculum and teaching methods.  
Attention to seating position in a group situation.  
The child may require specific strategies when being approached e.g. approach from the left side of child as eyesight is better in the left eye.  
Support to parents and carers | Advice Level of input from Qualified Teacher of the Visually Impaired (QTVI).  
E-mail/telephone advice from Visual Impairment Team.  
Resources from setting - learning materials selected for their clarity.  
Early Support Developmental Journal for Visual Impairment |
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<th>Moderate visual impairment.</th>
<th>Assessment of vision by observation, information from medical personnel and with the use of vision assessment materials. Planning based on current visual performance and prognosis of possible changes. Early Support Developmental Journal for Visual Impairment used to identify specific targets. Common Assessment Framework (CAF). Targets in the IEP jointly formulated and monitored with a QTVI and Habilitation Officer. Assessment of mobility, independence, orientation skills as appropriate following referral from QTVI by Habilitation Officer. Assessment of functional vision for the purpose of Habilitation. Specialist Environmental Audit of setting. Accessibility plans in place.</th>
<th>Mainstream setting. Some additional group work to facilitate learning and inclusion. EYFS Curriculum and teaching methods. Staff make basic adaptations to curriculum delivery and materials to facilitate access for a visually impaired child. E.g. oral descriptions of visual materials. Reinforcement of unfamiliar environment with verbal prompts. The child may require specific strategies when being approached e.g. approach from the left side of child as eyesight is better in the left eye.</th>
<th>Monitoring Level of input from QTVI. Visits from a QTVI on a termly basis to work with the child and with staff. Training and written advice from Visual Impairment Team. Support for parents and carers. Modified materials as appropriate e.g. use of colour contrast for signs, story books and other text. Transitional visits to settings. Awareness raising for parents/ staff Assessment and advice from Habilitation Officer Short term programme delivered by Habilitation Officer reinforced by practitioner throughout the day. IEP targets related to Habilitation. Support for trips out of setting due to health and safety implications. Free IT resources such as accessibility software.</th>
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<td>2</td>
<td>May come close when looking at books or displays. Distance vision: approximately 6/24 LogMar 0.6 (enlargement of x4 at 3 metres). This means that the child needs to be about 1.5 metres away to see what normally sighted children can see from 6 metres. May not be able to see details as well as others can see from the back of the group – will need to be seated at the front. Habilitation Involvement: May present unaware of visual cues/ landmarks in environment without prior awareness raising. May be unable to follow visual cues such as routes around a building. May collide with obstacles in their environment Unable to identify facial expressions and body language May misjudge the depth of an object which may be mistaken for clumsiness. Require verbal cue to gain attention.</td>
<td>Moderate to severe visual impairment. May have poor hand-eye coordination. May take longer to complete an activity than expected. Visual Fatigue Distance vision: approximately 6/36 LogMar 0.8 (enlargement of X6 at 3 metres). This means that the child needs to be about 1 metre away to see what normally sighted children can see from 6 metres. May not be able to see details of an object without approaching to about 1 metre from it. Assessment of vision by observation, information from medical personnel and with the use of vision assessment materials provided by QTVI. Planning based on current visual performance and prognosis of possible changes. Early Support Developmental Journal for Visual Impairment</td>
<td>Mainstream setting. Some additional group work to meet identified needs and to facilitate learning, inclusion and independence. Staff to be aware that a child may need more time to complete Mainstream curriculum and teaching methods. Some modification of learning activities and curriculum delivery to facilitate access. E.g. Attention to speed of working with a child with a visual impairment. Use of colour and contrast in the environment to support</td>
<td>Support Level of input from QTVI. Visit half termly from a QTVI to work with the child and with staff. Training and written advice provided by the Visual Impairment Team. Support for parents and carers. Low vision aids as appropriate to meet assessed needs.</td>
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<td>Near vision: will tend to work close and may miss details in pictures.</td>
<td>used to identify specific targets.</td>
<td>tasks and there will be a need for careful consideration of resources e.g. white bowl with a red spoon rather than a white spoon to provide a contrast.</td>
<td>access to activities.</td>
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|   | Habilitation:  
- May present unaware of visual cues/landmarks in environment without prior awareness raising.  
- May be unable to follow visual cues such as routes around a building, keep left of corridors.  
- May collide with obstacles in their environment  
- Unable to identify facial expressions and body language  
- Depth perception may be impaired  
- Require a verbal cue instead of a visual cue to gain attention.  
- Social interaction impaired due to vision  
- Environmental safety impaired, e.g. use of climbing frames may be unsafe  
- Strategies required to improve independence and self help skills | Targets in the IEP jointly formulated and monitored with a QTVI and Habilitation Officer  
Assessment of mobility, independence, orientation skills as appropriate following referral from QTVI/medical professionals by Habilitation Officer.  
Assessment of functional vision for the purpose of Habilitation.  
Specialist Environmental Audit of setting.  
Accessibility plans in place  
Risk assessment and Risk management strategies  
Habilitation Targets set ½ termly | Reinforcement of unfamiliar environment using prepositional language for landmarks and cues | Modified materials as appropriate including use of ICT.  
On going/ Regular intervention/ assessment from Habilitation Officer to ensure age appropriate levels of independence including, dressing, eating and personal care.  
Moderate level of training required for staff and parents/siblings.  
Mobility aids provided by Habilitation Officer.  
IEP targets related to Habilitation.  
Support for trips out of setting due to health and safety implications.  
Family requires moderate level of support from Visual Impairment Team. |
| 3 | Severe visual impairment.  
- Child likely to be registered partially sighted or blind but still learning by sighted means.  
- Visual Fatigue  
Distance vision: 6/60 or worse LogMar 1.0.  
Distance vision too poor to be useful.  
In a large group would require own copy of an object such as a book or picture.  
Near vision: as range 3 plus poor vision can impact on the development of fine motor skills.  
Habilitation:  
- Strategies to locate areas of provision safely  
- Children require mobility aid such as sighted guide, cane skills to access environment safely.  
- Require highly focused child centred strategies to meet age/stage appropriate levels of independence and self help skills.  
- Extreme difficulty locating a peer in the environment. | Assessment of vision by observation, information from medical personnel and with the use of vision assessment materials.  
Planning based on current visual performance and prognosis of possible changes.  
Targets in the IEP jointly formulated and monitored with a QTVI and Habilitation Officer  
Assessment of mobility, independence, orientation skills as appropriate following referral from QTVI/medical professionals by Habilitation Officer. | Mainstream setting.  
Some group and individual work to meet curriculum and safety needs and to facilitate inclusion and independence. | Mainstream EYFS Curriculum.  
Significant modification of learning activities and curriculum delivery to facilitate learning and inclusion.  
Specific teaching of ICT and low vision aid skills. Mobility and independence skills.  
Attention to colour and contrast to ensure access to physical, practical lessons and environment. |
| 4 | | | | Support Level of input from QTVI.  
Monthly visits from a QTVI to work with the child and with staff.  
Training and written advice from Visual Impairment Team.  
Support for parents and carers.  
Support in the setting as indicated by assessment to facilitate inclusive and independent learning and to ensure safety.  
Work with Habilitation Officer; frequency based on assessed need.  
Low vision aids and ICT software as appropriate to meet assessed needs.  
Large print materials to meet assessed needs.  
Support in setting as indicated by assessment to
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<th>4</th>
<th><strong>Educationally blind</strong></th>
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| | • Children registered blind and learning by non sighted means.  
• Little or no useful vision.  
• Very limited or no learning by sighted means.  |
| | Assessment by observation, information from medical personnel and with the use of assessment materials. Planning based on current visual performance and prognosis of possible changes.  
Targets in the IEP jointly formulated and monitored with a QTVI and Habilitation Officer  
Assessment of mobility, independence, orientation skills as appropriate following referral from QTVI/ medical professionals by Habilitation Officer.  
Assessment of functional vision for the purpose of Habilitation to aid orientation skills.  
Environmental Audit of setting.  
Access plans  
Risk assessment and Risk management strategies |
| | Mainstream setting. Considerable individual and group work to meet curriculum and safety needs and to facilitate inclusion and independence.  
Mainstream EYFS Curriculum made accessible for an educationally blind child in an inclusive situation.  
Presentation of learning materials in tactile form including Braille.  
Teaching methods based on experiential and tactile learning with a strong verbal emphasis.  
Skills as appropriate for an educationally blind child: cognitive, language, social, tactile, mobility, independence e.g. Fantastic Fingers programme  
Support Plus Level of input from QTVI.  
Weekly visits from a QTVI to work with the child and with staff.  
Training and written advice from the Visual Impairment Team.  
Support for parents and carers.  
Full time support in the setting to facilitate inclusive and independent learning and to ensure safety.  
Access to technician to assist staff in the production of resources.  
ICT for the child and for staff to produce Braille and other tactile resources.  
Braille and other tactile learning materials.  
Child requires long term programme, delivered and maintained by Habilitation Officer.  
Skills taught in home, setting and local environment including independent living skills.  
Reinforced transitional visits to new unfamiliar environments.  
High level of support to parents/ siblings/ peers provided by Visual Impairment Team. |

| To be reviewed 2017 – 18 |
| 5 |   |   | High level of training for staff to raise awareness of visual impairment.  
    |   |   | Age/Stage appropriate mobility aids |