**Response to Proposed Changes**

**regarding**

**ODE Operating Standards and VI Qualifications**

In response to ODE’s request for Comment on the draft Operating Standards for Children with Disabilities, the Ohio State School for the Blind has formed a committee of VI professionals to review and respond to the proposed changes, outlined as follows:

*As part of the Revision of the Operating Standards for Students with Disabilities through the Ohio Department of Education, ODE has proposed changes to Rule 3301-51-01 – which involves the definition of “visual impairments” and qualifications for the students we serve under this category. In short, this means that they are streamlining the definition to match that of the Federal Code: 34 CFR, §300.8(c)(13) - “Visual impairment” including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.”*

*ODE is proposing to remove the pieces of the current standards that specify the following:*

*(a) A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction; or*

*(b) A physical eye condition that affects visual functioning to the extent that special education placement, materials and/or services are required in an educational setting.*

The Ohio State School for the Blind (OSSB) does not support these changes. The proposed definition makes the category of visual impairment less definitive and vague, as there are conditions and disorders that simulate visual impairment, but are more medical in nature. For instance, conditions such as dyslexia or visual processing disorder, which may include convergence insufficiencies or binocular dysfunction, are not considered visual impairments, but learning disabilities. In the State of Ohio, the educational needs of these students would be addressed through the services of an Intervention Specialist: Mild/Moderate or an Intervention Specialist certified in Learning Disabilities.

Vision professionals such as Intervention Specialists: Visually Impaired (TVI), Certified Orientation and Mobility Specialists (COMS) and Certified Vision Rehabilitation Therapists (CVRT) are trained to provide educational services related only to the “low vision” or “no vision” needs of a student. While dyslexia and visual processing disorders are concerns of some optometrists, they are not vision concerns that are addressed through the educational services provided by OSSB or TVI, COMS and CVRT professionals serving school districts services throughout the state.

According to Dr. Cheryl Reed, director of United Disability Services – Low Vision Services of Akron, who is a dually-certified optometrist and COMS, “Visual impairment and visual processing/binocular dysfunction BOTH affect learning. Perceptual/binocular problems are not included in any of the definitions of visual impairment. Additionally, treatments, providers and adaptations are different. Students who are visually impaired generally benefit from a clinical low vision assessment, optical low vision aids such as magnifiers and telescopes, CCTVs and, perhaps, Braille and/or a long cane. Educational services and therapies are provided by a teacher of the visually impaired and/or orientation and mobility specialist.”

While it is true that visual processing disorders may limit their educational performance, visual processing disorders are recognized as a learning disability, not a visual impairment. According to the National Center for Learning Disabilities (NCLD), “a visual processing, or perceptual, disorder refers to a hindered ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision. Difficulties with visual processing affect how visual information is interpreted or processed by the brain.”

The Ohio State School for the Blind supports the following definition:

A student with a visual impairment is one who has been determined to meet the criteria for visual impairment as stated in 34 CFR, §300.8(c)(13) - “Visual impairment” including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.”

The visual loss should be stated in exact measures of visual field and corrected visual acuity at a distance and at close range in each eye in a report by a licensed ophthalmologist or optometrist. The report should also include prognosis whenever possible. If exact measures cannot be obtained, the eye specialist must so state and provide best estimates. In meeting the criteria stated in 34 CFR, §300.8(c)(13), a student with a visual impairment is one who:

(i) has been determined by a licensed ophthalmologist or optometrist to have:

(I) a visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction; or

(II) a total field loss of 140 degrees, or more; or

(III) a physical eye condition that affects visual functioning to the extent that special education placement, materials and/or services are required in an educational setting; or

(IV) a progressive medical condition that will result in no vision or a serious visual loss after correction.

Having shared the corresponding facts and supported literature, the OSSB Advisory Team believes that the current definition of “visual impairment” as defined by the ODE – Operating Standards for Children with Disabilities should not be streamlined, rather expanded, to ensure that the children of Ohio who are identified as having visual impairments, truly have visual impairments, versus learning disabilities.

Support for this definition of visual impairment was researched by the OSSB advisory team and is outlined in the following resources:

**The American Foundation for the Blind** (AFB) defines visual impairment as follows:

A visual acuity of 20/70 or worse in the better eye with best correction, or a total field loss of 140 degrees. Additional factors influencing visual impairment might be contrast sensitivity, light sensitivity, glare sensitivity or light/dark adaptations. ***(Appendix I)***

**The Medicare Vision Rehabilitation Services Act of 2003 (HR 1902 IH)** states:

(6) The term ‘vision impairment’ means vision loss that constitutes a significant limitation of visual capacity resulting from disease, trauma, or a congenital or degenerative condition that cannot be corrected by conventional means, including refractive correction, medication, or surgery, and that is manifested by one or more of the following:

(A) Best corrected visual acuity of less than 20/60, or significant central field defect.

(B) Significant peripheral field defect including homonymous or heteronymous bilateral visual field defect or generalized contraction or constriction of field.

(C) Reduced peak contrast sensitivity in conjunction with a condition described in subparagraph (A) or (B). ***(Appendix II)***

According to **Pearson Allyn Bacon Prentice Hall**, at [www.education.com](http://www.education.com):

Individuals with visual impairments make up one of the smallest disability areas, or about .04% of the school-age population and .4% of the students served under IDEA (U.S. Department of Education, 2005). Visual impairments range from mild to moderate to severe, and both legal and educational definitions exist. The legal definition includes acuity assessment information, and the educational definition is linked to learning to read. Individuals are classified as legally blind if their visual acuity is 20/200 or less even with corrective lenses and partially sighted if their visual acuity is 20/70. This means a person who is legally blind can see something at 20 feet, which a person with normal vision can see at 200 feet; and a person who is partially sighted can see something at 20 feet, which a person with normal vision can see at 70 feet. Legal classification qualifies individuals for tax advantages and some other legal benefits (Heward, 2006). ***(Appendix III)***

The **Americans with Disabilities Act (ADA)** lists the following information regarding visual impairments on the website [www.eeoc.gov/facts/blindness.html](http://www.eeoc.gov/facts/blindness.html):

The Centers for Disease Control and Prevention (CDC) define "vision impairment" to mean that a person's eyesight cannot be corrected to a "normal level."(6) Vision impairment may result in a loss of visual acuity, where an individual does not see objects as clearly as the average person, and/or in a loss of visual field, meaning that an individual cannot see as wide an area as the average person without moving the eyes or turning the head. There are varying degrees of vision impairments, and the terms used to describe them are not always consistent. The CDC and the World Health Organization define low vision as a visual acuity between 20/70 and 20/400 with the best possible correction, or a visual field of 20 degrees or less. (7) Blindness is described as a visual acuity worse than 20/400 with the best possible correction, or a visual field of 10 degrees or less. In the United States, the term "legally blind," means a visual acuity of 20/200 or worse with the best possible correction, or a visual field of 20 degrees or less. Although there are varying degrees of vision impairments, the visual problems an individual faces cannot be described simply by the numbers; some people can see better than others with the same visual acuity. (8) ***(Appendix IV)***

**American Optometric Association Definitions**

Partially Sighted – Visual acuity that when corrected is still between 20/70 and 20/200; (a person with 20/70 eyesight can clearly distinguish an object at 20 feet that a person with normal vision can distinguish at 70 feet).

Legal Blindness – Visual acuity that cannot be corrected to better than 20/200 and/or restricted field vision less than 20 degrees

Low Vision – Term used to describe several levels of very limited sight which interferes with a person’s daily routine activities, have some residual vision , may have reduced central visual acuity (sharpness of vision), with normal or good peripheral (side) vision, may have a very narrow field of view but good central acuity.

<http://www.aoa.org> ***(Appendix V)***