

Early Steps Part C Criteria Specifying Visual Impairment Considered To be a “Significant Sensory Impairment”

Children who are at high risk of eye problems include those who are very premature; those with family histories of congenital cataracts, retinoblastoma, and metabolic or genetic diseases those who have significant developmental delay or neurological difficulties; and those with systemic disease associated with eye abnormalities. The conditions and degrees of visual impairment below are to be considered significant sensory impairments that place an infant or toddler at risk for developmental delays. The criteria are to be used to determine infants and toddlers who would be appropriate to refer to Children’s Medical Services Infants and Toddlers Early Intervention Program (Part C). Eligibility must be determined by an ophthalmologist or optometrist/low vision specialist. It is acknowledged that these criteria differ from Part B eligibility criteria for school age populations. An infant or toddler who meets any one of the following criteria will be considered eligible for evaluation and vision services through Part C. Planning of an individualized intervention program will rely on information provided by a functional vision assessment. A reduced visual acuity or limited visual field that inhibits the optimal processing of information through the visual modality generally requires modification and/or specialized materials in order for the child to benefit from intervention in the natural environment. Children who fulfill the specified criteria for Part C significant hearing loss and Part C significant visual impairment would be considered dual sensory impaired.

CRITERIA

1. Bilateral lack of fix and follow (age 3-36 months)
OR, if determinable,
Approximate visual acuity of 20/70 or less in the better eye after best possible correction.
2. Constricted peripheral field that could interfere with daily mobility or activities
OR, if determinable,
Bilateral central scotoma involving the perimacular area (<20/80)
3. Bilateral grade III, IV, or V retinopathy of prematurity (ROP) with evidence of affect on visual performance
4. A bilateral progressive loss of vision which may affect the child’s ability to function in his or her natural environments
5. Evidence of cortical visual impairment*
6. Strabismus requiring patching of the better eye with approximate visual acuity of 20/70 or less in the unpatched eye after best possible correction

*Cortical visual impairment (CVI) is a neurological impairment caused by bilateral cerebral damage resulting in deficits in bilateral central visual acuity, field deficits, and/or dysfunctional efficiency of vision. CVI results in severely compromised ability to visually access and respond to the environment and it impedes social and communicative interactions and goal directed movement.

NOTE ON SERVICE PROVISION: A vision specialist will be considered the primary service provider for children exhibiting criteria 1-4 unless the IFSP team agrees that vision is not the child’s primary disability. Children with CVI typically have other neurologically based developmental disabilities however, it is still appropriate for a vision specialist to provide consultation to the IFSP team. Children with one patched eye can receive services via an ITDS or other provider who has been in contact with that child’s ophthalmologist for management recommendations. Children with one patched eye will not qualify for vision specialist services.