



EVALUATION WITH VIDEO MAGNIFICATION (CLOSED CIRCUIT TELEVISION) INSTRUCTIONS

PURPOSE:

To complete an assessment to determine what video magnification is needed to accomplish rehabilitation goals.

PREPARED BY:

Nursing Eye Care Consultant (NECC), Rehabilitation Center Adaptive Technology Instructor, or Low Vision Program Specialist (LVPS)

INSTRUCTIONS:

Name: Enter individual's name (first name, middle initial and last name).

Referring Independent Living Rehabilitation Counselor/Social Worker for the Blind/Vocational Rehabilitation Counselor: Enter the referring Independent Living Rehabilitation Counselor/Social Worker for the Blind/Vocational Rehabilitation Counselor's full name (first name and last name).

Date of Evaluation: Enter a two-digit month, two-digit day and four-digit year.

Reason for Evaluation: (circle one) Nursing Eye Care Consultant (NECC)/Low Vision Program Specialist (LVPS) determined that magnifiers could not be used for: Name the reason(s) optical magnifiers could not be utilized to meet all functional goals. This is the justification for doing the CCTV evaluation which is essential to backup the necessity for the evaluation. Here are some examples of reasons, not all inclusive:

- extended reading with course work
- reading very small print
- reading low contrast items at work
- poor contrast sensitivity
- cannot use a close working distance required with optical magnifiers (often due to limited visual fields)
- must read small charts, very small print (name specific examples)
- must read at a faster pace than is possible with optical magnification
- needs a larger field, cannot work with the small field of a high powered magnifier

Demonstration & Results

Assessments are conducted using the same materials with each model.

Be sure to use the same materials for evaluation purposes as stated.

Brand & Model: Write in each brand and model in order demonstrated.



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Size of text read: After the size of print on the monitor is selected, position the chair at the most comfortable angle and select polarity preference. Measure the lower case “x” size of the actual print on the tray table.

When measuring the “x” size, place your tape measure over the letter on the tray table and view the tape measure on the monitor. If possible, use centimeters. If not, use inches. Use the same measurement (centimeters or inches) for each of the three measurements.

Always use the same reading material for the evaluation so this will always be the same size measurement. This measurement should be the same for all models since you are doing a standardized comparison.

Size of text on video magnifier: Measure the lower case “x” size on the screen. Place the tape measure up to the monitor to measure.

Distance from the screen: Measure the distance the individual's eye is from the screen.

In-line (IL), Portable (P), or Handheld Portable (HP): Check the appropriate box for the type of video magnifier In-Line, Portable or Handheld Portable. In most cases, the unit will be in-line. These are traditional CCTV's with a monitor on top of a tray table.

Recommendations: Preferred (P), Acceptable (A) or Not Acceptable (NA): Check the appropriate box to identify if the video magnifier is preferred, acceptable or not acceptable. There will only be one preferred unit.

For preferred units(s): what are the preferred features? There are many possible responses. List all that are relevant. Here are some examples:

- brightness controls
- controls easier to reach
- controls easier to locate and operate
- size of writing space
- lighter weight
- clarity
- ease of operating the x-y table

Preferences: The evaluator will need to provide the eligible individual an opportunity to explore the differences with each of these features. If there are different preferences with different models, answer only for the preferred model.

Polarity: Check the appropriate box to indicate if preference is regular, reverse, or no preference.

Lighting: Check the appropriate box to indicate if preference is overhead on, overhead off, or no preference.

Movement of object viewed: Check the appropriate box to indicate if preference is move object, move tray table, or no preference.



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Only for in-line CCTV: Check the appropriate box to indicate if preference is prefers monitor, on top of tray table, or beside tray table. The positioning of the monitor only needs to be considered with in-line CCTV's which have the option of moving the monitor and when the individual experiences a problem with the traditional positioning of the monitor on top of the CCTV.

Ordering Information: Check the appropriate box to indicate if quote(s) is attached, which includes ordering information from the sole source, or if quote(s) will be requested.

It is recommended that the evaluator obtain a quote with any recommended items. Quotes will have a time limit. If the purchase is not made before the expiration date of the quote, a new one will need to be made. Therefore, it is important to forward all paperwork as soon as possible to the referring Independent Living Rehabilitation Counselor/Social Worker for the Blind/Vocational Rehabilitation Counselor once the quote is obtained.

Evaluator signs the form.

Evaluator indicates the report date on the form.

DISTRIBUTION:

Original: Referring Independent Living Rehabilitation Counselor/Social Worker for the Blind/
Vocational Rehabilitation Counselor

Copy: Video Magnification Evaluator