



**EVALUATION WITH
 VIDEO MAGNIFICATION
 (CLOSED CIRCUIT TELEVISION)**

| | | |
|------|---|--------------------|
| Name | Referring Independent Living Counselor/Social Worker for the Blind/Vocational Rehabilitation Counselor | Date of Evaluation |
|------|---|--------------------|

Reason for evaluation: (circle one) Nursing Eye Care Consultant (NECC)/Low Vision Program Specialist (LVPS) determined that magnifiers could not be used for:

Therefore, a video magnifier evaluation was recommended by the NECC/LVPS

| | | | |
|---|---|---|---|
| Demonstration & Results | | | |
| Assessments are conducted using the same materials with each model. | | | |
| | Brand & Model | | |
| | A | B | C |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Size of text read | | | |
| Size of text on video magnifier | | | |
| Distance from the screen | | | |
| In-line (IL), Portable (P) or Handheld Portable (HP) | <input type="checkbox"/> IL <input type="checkbox"/> HP <input type="checkbox"/> P | <input type="checkbox"/> IL <input type="checkbox"/> HP <input type="checkbox"/> P | <input type="checkbox"/> IL <input type="checkbox"/> HP <input type="checkbox"/> P |
| Recommendations: Preferred (P), Acceptable (A) or Not Acceptable (NA) | <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> NA | <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> NA | <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> NA |
| For preferred unit(s): what are the preferred features? | | | |
| Preferences | | | |
| Polarity: <input type="checkbox"/> regular <input type="checkbox"/> reverse <input type="checkbox"/> no preference | | | |
| Lighting: <input type="checkbox"/> overhead on <input type="checkbox"/> overhead off <input type="checkbox"/> no preference | | | |
| Movement of object viewed: <input type="checkbox"/> move object <input type="checkbox"/> move tray table <input type="checkbox"/> no preference | | | |
| Only for in-line CCTV's: prefers monitor: <input type="checkbox"/> on top of tray table <input type="checkbox"/> beside tray table | | | |
| Ordering Information | | | |
| <input type="checkbox"/> See attached quote which includes ordering information from the sole source vendor. | | | |
| <input type="checkbox"/> Quote(s) will need to be requested. | | | |