

## Reflection Paper

My personal experience with functional vision assessments is limited, at this point. The only knowledge I have about it, comes from the various evaluations I have had as an individual with low vision. However, based on the readings, I noted that most of the assessments I had in the past were low vision assessments in clinical setting rather than functional vision assessments performed by a rehabilitation professional (Corn & Erin, 2010; Lueck, 2004).

As stated above, functional vision assessments are performed by education or rehabilitation professionals in natural environments, opposed to low vision evaluations. Through a variety of activities, and under various conditions the evaluator observes how a student or a client uses his or her vision to achieve daily tasks. Functional vision assessments occur over a period of time (Lueck, 2004). Before conducting a functional vision assessment, the evaluator must review the client's file record (Corn & Erin, 2010; Lueck, 2004). This one includes eye and medical history, as well as educational history. It is important to know the history of the person who will complete the functional vision assessment. The activities of the assessment will vary depending if the client is a child or an adult, and if he or she will provide verbal or non verbal responses.

Functional vision assessments mainly rely on observations. Observations allow professionals to evaluate how a person with low vision complete daily tasks in a natural setting. Observing a client's gait, head movement, or gaze provides crucial information about how this person uses his or her vision. The various activities allow the evaluator to assess visual field, visual acuity, contrast, lighting, color and perception in a functional way (Corn & Erin, 2010). Observations also demonstrate if and how a client is using his or her prescribed eyeglasses, contact lenses or low vision devices (Lueck 2004). For me, this observation component of a functional vision assessment seems to be the most difficult to evaluate and record, and I need to learn more about it, and especially about gaze and eye movements related to oculomotor deficit, eccentric viewing and perceptual variations. The perception element appears as the most complex to assess, for me.

Additional components are related to the functional vision assessments. The interview, at the beginning, gather supplementary information from clients and families. After the assessment, the report that will be written will encompass all the findings and recommendations. Also, conveying information to families and key professionals is an important step that should not be neglected (Lueck, 2004).

During the readings, I came across something interesting and certainly important, and I would not have considered it if I had not read about it: the impact (positive or negative) that a family member present in the room during the assessment could have on a client's outcomes (Lueck, 2004). This factor, particularly if it has a negative effect on clients' performances, must be carefully monitored, however, it may

appear difficult to notice it. I would definitively need practice to be able to recognize this factor during my future assessments.

We all have biases. Our biases come from multiple factors, they can also be influenced by others' biases. For example, although I know I can do many things as a person with low vision, I am also convinced that I cannot do everything that a sighted individual does. Probably because I was not exposed to certain activities or tasks in my past. Sighted persons around me probably had that bias, and now I also have it. Another bias I have is that a person with low vision must not learn braille. Even though I am no longer fully convinced about that, this bias comes from the fact that when I was younger, in France, learning braille was restricted to individuals who were completely blind, and not for those who had remaining vision. Like everyone I have biases, but the most important is to know them well enough in order to limit, as possible, their impacts on my future functional vision assessments.

### **References**

- Corn, A. L. & Erin, J. N. (Eds) (2010). *Foundations of low vision: Clinical and functional perspectives* (2nd Ed.). AFB Press.
- Lueck, A. H. (Ed). (2004). *Functional vision: A practitioner's guide to evaluation and intervention*. AFB Press.