## FORM A SCORESHEET

Date_____ Test Print Size _____M

| *Practice Sentences (Do Not Add to Score)* | | Yes ✓ | No ✓ |
|---|---|---|---|
| P1. repay | _____ | ☐ | ☐ |
| P2. swim | _____ | ☐ | ☐ |
| P3. nothing | _____ | ☐ | ☐ |

| | 1 | 0 | Correct Response | Error Response |
|---|---|---|---|---|
| 1. | ☐ | ☐ | ending | _____ |
| 2. | ☐ | ☐ | stand | _____ |
| 3. | ☐ | ☐ | ship | _____ |
| 4. | ☐ | ☐ | cooked | _____ |
| 5. | ☐ | ☐ | boat | _____ |
| 6. | ☐ | ☐ | better | _____ |
| 7. | ☐ | ☐ | melts | _____ |
| 8. | ☐ | ☐ | long | _____ |
| 9. | ☐ | ☐ | retains | _____ |
| 10. | ☐ | ☐ | heavier | _____ |
| 11. | ☐ | ☐ | salt | _____ |
| 12. | ☐ | ☐ | have | _____ |
| 13. | ☐ | ☐ | pieces | _____ |
| 14. | ☐ | ☐ | waterfall | _____ |
| 15. | ☐ | ☐ | walk | _____ |
| 16. | ☐ | ☐ | acceptable | _____ |
| 17. | ☐ | ☐ | material | _____ |
| 18. | ☐ | ☐ | safety | _____ |

**Raw Score**_____ x 1.266 – 5.066 = **GLE**_____
*(See Appendix D for Conversion Table)*

Time to complete test _____minutes

**Comments**_____

## FORM B SCORESHEET

Date_____ Test Print Size _____M

| *Practice Sentences (Do Not Add to Score)* | | Yes ✓ | No ✓ |
|---|---|---|---|
| P1. hard | _____ | ☐ | ☐ |
| P2. scratch | _____ | ☐ | ☐ |
| P3. twice | _____ | ☐ | ☐ |

| | 1 | 0 | Correct Response | Error Response |
|---|---|---|---|---|
| 1. | ☐ | ☐ | keep | _____ |
| 2. | ☐ | ☐ | outdoors | _____ |
| 3. | ☐ | ☐ | dogs | _____ |
| 4. | ☐ | ☐ | spring | _____ |
| 5. | ☐ | ☐ | big | _____ |
| 6. | ☐ | ☐ | knows | _____ |
| 7. | ☐ | ☐ | gear | _____ |
| 8. | ☐ | ☐ | age | _____ |
| 9. | ☐ | ☐ | love | _____ |
| 10. | ☐ | ☐ | name | _____ |
| 11. | ☐ | ☐ | feathers | _____ |
| 12. | ☐ | ☐ | sooner | _____ |
| 13. | ☐ | ☐ | bad | _____ |
| 14. | ☐ | ☐ | knob | _____ |
| 15. | ☐ | ☐ | allow | _____ |
| 16. | ☐ | ☐ | healthy | _____ |
| 17. | ☐ | ☐ | countries | _____ |
| 18. | ☐ | ☐ | breaths | _____ |

**Raw Score**_____ x 1.266 – 5.066 = **GLE**_____
*(See Appendix D for Conversion Table)*

Time to complete test _____minutes

**Comments**_____

# MORGAN LVRCA

## PERSONAL DATA

| Name | Examiner | Record No. |
|---|---|---|
| Telephone(s) | | Birthdate |
| Education Level | Profession/Occupation | |
| Primary Pathology | Additional Pathologies | |
| Age at Onset of Visual Impairment | Aided Acuity | |

## READING BACKGROUND

➤ What type of print did individual **read before** visual impairment?

Continuous text _____

Spot reading _____

➤ What type of print does individual **read currently**?

Continuous text _____

Spot reading _____

➤ What type of print would individual like to **read in future**?

Continuous text _____

Spot reading _____

## TEST CONDITIONS

| Form A | | Form B | |
|---|---|---|---|
| Eye Used ☐ OD ☐ OS ☐ OU | | Eye Used ☐ OD ☐ OS ☐ OU | |
| Low Vision Device | | Low Vision Device | |
| Power | Rx Used ☐ Yes ☐ No | Power | Rx Used ☐ Yes ☐ No |
| Non-Optical Devices | | Non-Optical Devices | |
| Lighting *(type, wattage, distance)* | | Lighting *(type, wattage, distance)* | |
| Focal Distance | Test Print Size _____M | Focal Distance | Test Print Size _____M |
| Direction of EV ☐ 12:00 ☐ 1:30 ☐ 3:00 ☐ 4:30 ☐ 6:00 ☐ 7:30 ☐ 9:00 ☐ 10:30 | | Direction of EV ☐ 12:00 ☐ 1:30 ☐ 3:00 ☐ 4:30 ☐ 6:00 ☐ 7:30 ☐ 9:00 ☐ 10:30 | |