# APPENDIX A

## CLINICAL COMPETENCY EVALUATION FORM

The purpose of completing the Clinical Performance Evaluation form by the supervisor(s) is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for VRT certification.

Objectives of Performance Rating:

1. To determine knowledge and clinical skills in the area of Vision Rehabilitation Therapy.
2. Objectively evaluate the applicant’s overall performance as an eligibility requirement for professional certification in Vision Rehabilitation Therapy.

Applicant’s Name:

Name of Agency:

Dates of Clinical Practice under CVRT Supervision (minimum of 350 hours with at least 260 hours of direct service required):

From:

To:

If the clinical practice is part-time, please indicate the number of hours per week below.

Hours per week:

If the VRT applicant has completed the required clinical practice of 350 hours with 260 hours of direct service at more than one agency, please list the additional agencies (names of agencies, addresses, phone numbers, and dates of clinical practice)

## Directions

For each knowledge area and skill listed below, please indicate if the applicant has performed at a professional rating of **Acceptable** or **Not Acceptable** with an x before the two choices. It is important that you impartially and objectively assess performance to ensure high quality delivery of service for those who are visually impaired.

### **Assessment/Planning/Documentation**

Did the applicant:

* demonstrate the ability to utilize various methods of assessment (case history, self- report, and observation) to formulate an effective treatment plan.

**Acceptable**

**Not Acceptable**

* demonstrate knowledge, skills and abilities to assess, design and implement an individualized service plan based on client/consumer needs.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to create lesson plans that contain appropriate goals, objectives, and task analysis based on interpretation of assessment results.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to adjust and modify lesson plans according to the assessment of consumer needs and abilities.

**Acceptable**

**Not Acceptable**

* demonstrate ability to write and effectively document consumer progress, including goals and objectives with measurable outcomes.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to utilize the principles of andragogy (adult learning theory), in relation to vision rehabilitation therapy assessment and teaching processes.

**Acceptable**

**Not Acceptable**

### **Low Vision**

Did the applicant:

* demonstrate the ability to select or create and implement a functional vision assessment to determine how vision is currently being used for tasks of daily living and to determine possible improvements.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to select or create and implement a sequential instructional program to integrate strategies for training and assessment and adaptation of environmental variables and materials for personal, educational and vocational tasks, including organization, lighting, color, glare control and contrast.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to train in the use of equipment and adaptive devices for persons who are visually impaired including, in daily living activities, reinforcing instruction for the use of optical devices as prescribed by optometrists and ophthalmologists.

**Acceptable**

**Not Acceptable**

### **Activities of Daily Living**

Did the applicant:

* demonstrate ability to teach identification, organization and labeling of medications to promote proper and safe usage.

**Acceptable**

**Not Acceptable**

* demonstrate awareness and use of methods and technology for adaptive management of diabetes (i.e. insulin measurement, glucose monitoring, medication management, record keeping, vision-related precautions, related resources).

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach use of adaptive techniques for money identification and management, budgeting, banking, debit card management and record keeping.

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach dressing and grooming techniques (i.e. hair care, application of makeup, selection of appropriate and/or color-coordinated clothing).

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar).

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach use of adaptive techniques of household cleaning (sweep, dust, vacuum, clean bathrooms, washing windows).

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach identification, organization and labeling systems for kitchen and household items for operation, efficiency and safety.

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach use of adaptive kitchen and household safety techniques and equipment.

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach meal preparation skills including food preparation i.e. pouring, cutting, dicing, measuring.

**Acceptable**

**Not Acceptable**

* demonstrate ability to teach meal preparation skills including ability to teach adaptive cooking i.e. stove top use, oven use, and alternative devices and methods.

**Acceptable**

**Not Acceptable**

### **Communication**

Did the applicant:

* demonstrate ability to assess tactual perception of the learner and adapt/modify instructional accordingly.

**Acceptable**

**Not Acceptable**

* demonstrate ability to select, design and implement a sequential program for teaching braille writing.

**Acceptable**

**Not Acceptable**

* demonstrate ability to select, design and implement a sequential program for teaching braille reading.

**Acceptable**

**Not Acceptable**

* demonstrate the ability to select, design and implement a sequential instructional program for teaching adaptive reading skills, including conduct a reading media assessment (i.e. standard/large print, tactile, audio).

**Acceptable**

**Not Acceptable**

* demonstrate the ability to select, design and implement a sequential instructional program for teaching adaptive writing skills, including handwriting guides and devices and what constitutes a legal signature.

**Acceptable**

**Not Acceptable**

### **Access/ Assistive Technology**

Did the applicant:

* assess the needs of consumer to establish appropriate access/assistive technology and/or hardware modifications.

**Acceptable**

**Not Acceptable**

* perform a job analysis of the consumer's workplace, taking into consideration ergonomics, modifications and access technology needed to perform assigned duties.

**Acceptable**

**Not Acceptable**

* identify and teach operation and maintenance of a variety of access/assistive technology across daily living, work, and educational settings based on assessment.

**Acceptable**

**Not Acceptable**

* identify and teach operation and maintenance of a variety of audio recording and listening devices.

**Acceptable**

**Not Acceptable**

* teach techniques for using telecommunication devices, smart phones & mobile devices with accessible apps that can be applied throughout VRT domain areas.

**Acceptable**

**Not Acceptable**

### **O&M**

Did the applicant:

* select, design and implement a sequential instructional program to familiarize consumer with indoor orientation and basic mobility skills.

**Acceptable**

**Not Acceptable**

**Professional Characteristics**

Did the applicant:

* demonstrate the ability to communicate effectively with consumers, family members, peers and other professionals.

**Acceptable**

**Not Acceptable**

* demonstrate skill in the use of access hardware and software used for productivity as a professional.

**Acceptable**

**Not Acceptable**

* demonstrate knowledge of factors affecting an individual's adjustment to vision loss, visual impairment, and the rehabilitation process.

**Acceptable**

**Not Acceptable**

* effectively participate as a member of the interdisciplinary team and initiate referrals when needed.

**Acceptable**

**Not Acceptable**

If the applicant rates Not Acceptable in any of the areas under Section A and/or Section B, please explain:

If the applicant demonstrates superior strengths or qualities, please explain:

I verify that the applicant has successfully completed a hour internship. (applicants must complete a 350 hour internship)

I further verify that the applicant has completed hours of direct service with consumers and/or family members. (applicants must have completed a minimum of 260 hours of direct services with consumers and/or family members)

Please indicate below whether you would, or would not, recommend the applicant for ACVREP certification.

**Statement of Integrity:** “I do hereby acknowledge that all the information submitted on this form is true and correct to the best of my knowledge and was completed in accordance with the Vision Rehabilitation Therapy Code of Ethics (see Appendix F). I understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.”

Signature of CVRT Supervisor:

Date signed by CVRT Supervisor:

First and last name of CVRT Supervisor:

Title of CVRT Supervisor:

Please return this completed Clinical Performance Evaluation form to the applicant so it can be included in their eligibility application packet.

If the internship was off-site, please answer the following questions:

1. How many hours of direct supervision were actually provided?
2. If you have any suggestions for improving communication, etc. to ensure a successful internship for both parties, please provide suggestions below:

If you have any suggestions for improving the CVRT internship for either the intern or the internship supervisor, please provide suggestions below or email kzeider@acvrep.org.