#### **APPENDIX A**

#### **CLINICAL COMPETENCY EVALUATION FORM**

#### **Effective For Internships Commencing January 2022 and Thereafter**

#### **NOTE**:

The purpose of completing the Clinical Competency Evaluation Form by the CLVT supervisor is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for certification as a Low Vision Therapist through ACVREP.

The applicant’s successful completion of the 350-hour discipline specific practice requirement will be determined via pass/fail for the following 21 competencies. S/he is required to have received a “pass” on each of the 21 competencies. **S/he is also required to have practiced a minimum of 350 hours in collaboration with an eye care specialist or specialists (optometrists {OD} and/or ophthalmologists {MD}).** The practicum experience may include, but is not limited to, direct service, observation, reports, telephone calls, and meetings.

The internship **must include 280 hours of direct service:**

**Direct Service:**

* Direct assessment, instruction and training of client, care providers, and caregivers (including reviewing records and/or writing reports)
* Direct communication (phone, email, text, in person, telehealth technology, etc.) with client, care providers, and caregivers regarding client’s vision rehabilitation program or follow up
* Planning lessons or interventions directly related to the client’s plan of care
* Conducting environmental assessments and recommending or making environmental modifications
* Travel with the client for evaluation or training or community re-integration

**INDIRECT SERVICE:**

* Telephone calls with people other than the client, care providers, and caregivers on topics not related to direct treatment of the client
* Observation
* Meetings with people other than the client, client’s care providers, and client’s caregivers
* Repairing equipment
* Continuing educational activities not directly related to a specific client’s plan of care (e.g., attending a workshop, watching a video demonstration, reading a journal article, etc.)
* Travel to and from the client
* Providing education to the public or other professionals (e.g., giving a talk to a community organization, lunch in-service presentation, etc.)

Objectives of Performance Rating:

1. To determine the knowledge and clinical skills in the area of low vision therapy.

2. To objectively evaluate the applicant’s overall performance as an eligibility requirement for professional certification in low vision therapy.

**Applicant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Agency/Clinic**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Practice under CLVT Supervision**:

**From**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **To**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Hours per week**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Clinical Practice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the name(s) of the OD/MD(s) and clinical practice names with whom the intern has collaborated during the internship:**

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**If the CLVT applicant has completed the required clinical practice (350 hours) at more than one agency/clinic, please list the additional agencies/clinics**: (Name of agencies/clinics, addresses, phone numbers, dates of practice).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTIONS: For each competency listed below, please indicate whether the applicant passed or did not pass. All competencies require a rating and all competencies must be passed for the applicant to sit for the CLVT examination.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competencies: Did the applicant…** | **Pass** | **Fail** | **Comments** |
| Demonstrate appropriate interpersonal relationshipsand the ability to work closely with colleagues and community professionals as a member of the interdisciplinary low vision team including OD/MD ? |  |  |  |
| Demonstrate professional and ethical behavior? |  |  |  |
| Demonstrate a working knowledge of teaching and learning principles? |  |  |  |
| Demonstrate the ability to assess the visual environment, provide appropriate environmental adaptations, and teach the use of environmental cues for using vision? |  |  |  |
|  |  |  |  |
| **Competencies: Did the applicant…** | **Pass** | **Fail** | **Comments** |
| Demonstrate an ability to interpret assessment data provided by professionals from a variety of disciplines? |  |  |  |
| Demonstrate the ability to understand and utilize information from the clinical low vision examination? |  |  |  |
| Demonstrate the ability to administer vision assessments and interpret results appropriately? |  |  |  |
| Demonstrate the ability to assess and evaluate learners’ needs and abilities in a variety of environments? |  |  |  |
| Demonstrate the ability to assess the learners’ effective use of low vision devices? |  |  |  |
| Demonstrate the ability to plan appropriate goals for enhancing visual functioning with and without optical devices? |  |  |  |
| Demonstrate the ability to select, design, and implement a sequential instructional plan? |  |  |  |
| Demonstrate a working knowledge of the effects of disabling co-morbidities? |  |  |  |
| Demonstrate knowledge of community, state, and national resources for vision education/rehabilitation? |  |  |  |
| Demonstrate the ability to teach visual skills including fixation, localization, scanning, tracing and tracking to numerous learners with low vision for a variety of everyday tasks? |  |  |  |
| Demonstrate the ability to record data, keep timely and accurate records, and participate in staff meetings? |  |  |  |
| Demonstrate the ability to make appropriate referrals to other professionals and acquire/provide resources to address a variety of needs of learners who have visual impairments? |  |  |  |
| Demonstrate the ability to design and implement low vision intervention programs for everyday tasks that are appropriate to the age, developmental level, and goals of the learners? |  |  |  |
| Demonstrate the ability to instruct learners in the appropriate use of optical, electronic, and non-optical low vision devices? |  |  |  |
| Demonstrate the ability to teach or refer for the use of alternative media or senses for tasks that are not efficiently or safely accomplished using vision? |  |  |  |
| Demonstrate the ability to write appropriate reports of the learners' progress in reaching the goals and objectives of their vision education/rehabilitation programs? |  |  |  |
| Demonstrate the ability to evaluate outcomes of intervention and provide appropriate follow-up? |  |  |  |

**I would \_\_\_\_\_ would not \_\_\_\_\_ recommend the applicant for ACVREP certification.**

(To Be Completed by CLVT Supervisor)

Statement of Integrity**:** I, acting in the capacity of the internship supervisor of record, do hereby acknowledge that all the information submitted on this form is true and correct to the best of our knowledge and was completed in accordance with the Low Vision Therapist Code of Ethics (see Section 6 of the Low Vision Therapist Certification Handbook). We understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.

Furthermore, I, the undersigned, verify that the applicant has met the above competencies as indicated under our supervision. ***We also verify that the applicant has completed a \_\_\_\_\_ hour LVT internship under our supervision.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CLVT Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Telephone

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. How many hours of direct supervision were actually provided? \_\_\_\_\_

2. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_