## 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. 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 please indicated if the applicant has performed at a professional rating of **Acceptable** or **Not Acceptable**. It is important that you impartially and objectively assess performance to ensure high quality delivery of service those who are visually impaired.

**Did the applicant: Assessment/Planning/Documentation**

**Rating**

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

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

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| Demonstrate the ability to adjust and modify lesson plans according to theassessment of consumer needs and abilities |
| Demonstrate ability to write and effectively document consumer progress; including goals and objectives with measurable outcomes |
| Demonstrate the ability to utilize the principles of andragogy (adult learning theory), in relation to vision rehabilitation therapy assessment and teaching processes. |
| **Low Vision** |
| 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.  |
| 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. |
| 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. |
| **Activities of Daily Living** |
| Demonstrate ability to teach identification, organization and labeling of medications to promote proper and safe usage. |
| 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). |
| Demonstrate ability to teach use of adaptive techniques for money identification and management, budgeting, banking, debit card management and record keeping. |
| Demonstrate ability to teach dressing and grooming techniques (i.e. hair care, application of makeup, selection of appropriate and/or color-coordinated clothing). |
| Demonstrate ability to teach adaptive time management techniques (i.e. making appointments, use of adapted timepieces, managing daily calendar). |
| Demonstrate ability to teach use of adaptive techniques of household cleaning (sweep, dust, vacuum, clean bathrooms, washing windows). |

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| Demonstrate ability to teach identification, organization and labeling systems forkitchen and household items for operation, efficiency and safety. |
| Demonstrate ability to teach use of adaptive kitchen and household safety techniques and equipment. |
| Demonstrate ability to teach meal preparation skills including food preparation i.e. pouring, cutting, dicing, measuring |
| 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. |
| **Communication** |
| Demonstrate ability to assess tactual perception of the learner and adapt/modify instructional accordingly. |
| Demonstrate ability to select, design and implement a sequential program for teaching braille writing. |
| Demonstrate ability to select, design and implement a sequential program for teaching braille reading. |
| 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). |
| 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. |
| **Access/ Assistive Technology** |
| Assess the needs of consumer to establish appropriate access/assistive technology and/or hardware modifications. |
| Perform a job analysis of the consumer's workplace, taking into consideration ergonomics, modifications and access technology needed to perform assigned duties. |
| Identify and teach operation and maintenance of a variety of access/assistive technology across daily living, work, and educational settings based on assessment. |
| Identify and teach operation and maintenance of a variety of audio recording and listening devices. |
| Teach techniques for using telecommunication devices, smart phones & mobile |

devices with accessible apps that can be applied throughout VRT domain areas.

**O&M**

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

**Professional Characteristics**

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

Demonstrate skill in the use of access hardware and software used for productivity as a professional

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

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

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)

I would 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

Name (please print) Title

Please return this completed Clinical Performance Evaluation form to the applicant so it can be included in his/her 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. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? Yes No

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: