Format updated 5-2021 and 5-2022; standards updated 7-11-2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vision** **Rehabilitation** **Therapy** **Services** **(VRT)**  **Organization will establish a self-study committee to assess and rate the organization on the following:**  Note: Items with an asterisk (\*) indicate Absolute Standards. The other items are Critical Standards. See Accreditation Handbook for Organizations, page 5 of 17: “All absolute standards must be fully met to receive accreditation. Critical standards must be at least partially met to receive accreditation.” | Supporting Documentation  Indicate name of file or cite page in documents you provide to show compliance. | Review Committee Decision | | |
| Fully Met | Partially Met | Not Met |
| 1. \*Vision rehabilitation therapy services are based upon a plan that includes short- and long-range goals reflecting the needs of persons served and outlining the projected length of service.  **Indicators:** **present** **level** **of** **performance,** **age,** **amount** **and** **quality** **of** **vision** **and** **other** **remaining** **senses,** **cause** **of** **visual** **impairment,** **speed** **of** **skill** **acquisition,** **ability** **to** **conceptualize,** **presence** **of** **additional** **disabilities,** **unique** **needs.** |  |  |  |  |
| 2. \*Vision Rehabilitation therapy services are implemented using certified vision rehabilitation therapists, certified low vision therapists, or certified occupational therapists who understand vision loss. |  |  |  |  |
| 3. Vision Rehabilitation therapy service providers are responsible for the delivery of rehabilitation therapy services. |  |  |  |  |
| 4. When Braille instruction is a goal within the vision rehabilitation therapy plan, a certified or licensed instructor will provide the service. |  |  |  |  |
| 5. Vision Rehabilitation therapy services are provided within the scope of practice of the discipline. |  |  |  |  |
| 6. Vision rehabilitation therapy services assess strengths, needs, and interests for independent living services to meet the scope and type of functional ability desired by the consumer. |  |  |  |  |
| 7. The consumer’s progress toward and accomplishment of the agreed upon goals is documented in the record. |  |  |  |  |
| 8. A follow-up system is in place to ascertain the need for additional services. |  |  |  |  |
| Total Standards |  | /8 | /8 | /8 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Vision Rehabilitation Therapy Services (VRTS) self-study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policies and Procedures for Vision Rehabilitation Therapy including P/P for Training and Accommodations
* Description of Services that includes Scope, Goals and Objectives
* Sample Client Records that include Individual Needs Assessments

Conducted, Assessment Results and Individual Service Plan

* List of Instructional Materials
* Credential Verifications and Resumes for VRTS Personnel Providing Services
* Personnel Job Descriptions
* Name and Resume of Individual Who Provides Braille Instruction
* Examples of Family or Care Provider Involvement in Service Delivery
* Examples of Consumer Progress Reports
* Follow-up Reports
* **See** **Section** **I.** **(G)** **Program** **Evaluation** **and** **Improvement** **Required** **Documents** **and** **Submit** **Each** **Item** **for** **Vision** **Rehabilitation** **Therapy** **Services** **and** **Label** **“I.** **(G)** **Vision** **Rehabilitation** **Therapy** **Services.”**
* Narrative to explain any standards you rated as partially met or not met.
* Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: