

## OBVI ASSESSMENT / PLAN / EVALUATION

Name – Consumer (Last, First, Middle)

**INSTRUCTIONS: Check all consumers' goals. Check as they are completed.**

Goal	Topic		Comments
	<b>IMPORTANT FORMS</b>		
	<b>CAP</b>		
	Release of information		
	Exit survey		
	<b>LOW VISION</b>		
	Knowledge of eye disease		
	Near acuity test		
	Near vision		
	Distance vision		
	Lighting		
	Glare reduction		
	<b>COMMUNICATIONS</b>		
	Writing aids / large print		
	Computer		
	Telephone / 411		
	Audio recorder		
	Accessing time / date		
	Library services		
	Braille		
	<b>FOOD</b>		
	Safety		
	Timing		
	Pouring / measuring		
	Cutting / spreading		
	Eating techniques		
	<b>PERSONAL MANAGEMENT</b>		
	Clothing care and ID		

<b>Goal</b>	<b>Topic</b>	<b>Comments</b>
	<b>Money ID</b>	
	<b>Grooming / hygiene</b>	
	<b>Diabetic issues</b>	
	<b>Medication ID</b>	
	<b>HOUSEHOLD MANAGEMENT</b>	
	<b>Cleaning</b>	
	<b>Organize / marking / labeling</b>	
	<b>Minor repairs / tool usage</b>	
	<b>Sewing</b>	
	<b>GAMES, HOBBIES and CRAFTS</b>	
	<b>ORIENTATION and MOBILITY</b>	
	<b>Human guide and self-protection</b>	
	<b>Falls prevention</b>	
	<b>Indoor orientation</b>	
	<b>Searching and scanning</b>	
	<b>White cane</b>	
	<b>O&amp;M training</b>	
	<b>COMMUNITY RESOURCES</b>	
	<b>ADRC / Family Care</b>	
	<b>Transportation</b>	
	<b>Support groups</b>	
	<b>Wisconsin ID card</b>	
	<b>WCBVI / Vision Forward</b>	
	<b>Lions Camp</b>	
	<b>Hadley</b>	
	<b>Referral to other agencies</b>	
	<b>RSA or RS referral</b>	

NAME – OBVI Staff

DATE