

# Access Plan – Vision Impairment

<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Vision Impairment:</b>		
<p style="text-align: center;"><u><b>Access requirements and strategies</b></u></p> <b>DISTANCE:</b>  <b>NEAR:</b>  <b>ADDITIONAL:</b>  <b>EQUIPMENT:</b>		
<b>CFVI outcome(s):</b>		
<b>EHCP outcome(s):</b>		