

CVI Early Intervention: Starting Therapy Before Age 3

The first three years of a child's life are when the brain is most capable of forming and reorganizing neural connections. For children with cortical visual impairment, this window represents the greatest opportunity to support visual development – and that means early intervention for CVI is not something to wait on. The sooner a child begins receiving appropriate support, the more the brain can strengthen the visual pathways that CVI has disrupted.

Here is the most important thing to know right now: you do not need a confirmed CVI diagnosis to begin the early intervention process. Under federal law, a suspected developmental delay is enough to request an evaluation and start services. If your infant or toddler is showing signs that concern you, the time to act is now. For background on what CVI is and what signs to watch for, see our [CVI overview](#).

This guide explains what early intervention for CVI involves, what you are entitled to under the law, what you can do at home right now, and how to plan for the transition to school services when your child turns three.

Why Early Intervention Matters for CVI

Neuroplasticity – the brain's ability to form new connections – is at its highest from birth through age three. For children with CVI, this means that the visual cortex has the greatest capacity to reorganize and strengthen during this period. Consistent, targeted visual stimulation during the early years literally helps build the neural pathways needed for functional vision.

Research on CVI outcomes consistently shows that children who receive early intervention show greater gains on the CVI Range assessment over time than those who begin services later. This is not because older children cannot improve – they can, and do – but because the early window provides the most neurological leverage. Every month of early intervention is an investment in your child's visual future.

Importantly, you do not have to wait for a formal evaluation to start making a difference. Environmental modifications – simplifying your home's visual spaces, using your child's preferred colors, controlling lighting – can begin today. These are not supplements to therapy. For children with CVI, a well-modified home environment is itself a form of treatment. For more on these strategies, see our [CVI treatment guide](#).

Your Rights Under IDEA Part C

The Individuals with Disabilities Education Act (IDEA) Part C guarantees early intervention services for children from birth through age two who have a diagnosed disability or developmental delay. CVI qualifies under the visual impairment category.

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These services are free or low-cost – they are funded by state and federal programs specifically so that cost is not a barrier for families.

One of the most important provisions of IDEA Part C is that a family does not need a confirmed diagnosis to request services. A suspected developmental delay is legally sufficient to trigger an evaluation. This matters enormously for CVI, which can take time to formally diagnose. Do not wait for a confirmed diagnosis before contacting your state’s early intervention program.

How to access early intervention services:

- Contact your state’s early intervention program directly. Every state has one. Search “[your state] early intervention program” or ask your pediatrician for a referral.
- You can also ask your child’s pediatrician, ophthalmologist, or neurologist to make a referral on your behalf.
- Once a referral is made, the evaluation must occur within 45 days by law.
- If eligible, the team will develop an Individualized Family Service Plan (IFSP) – the early intervention equivalent of an IEP – that outlines your child’s goals and the services they will receive.

You are an equal partner in developing the IFSP. Push to ensure that a Teacher of the Visually Impaired with CVI experience is involved, and that the plan reflects CVI-specific strategies rather than generic visual impairment approaches. For guidance on getting the right diagnosis in place, see our [CVI diagnosis guide](#).

Early Intervention Services for CVI

A strong early intervention plan for CVI typically involves multiple service providers working in coordination. Here is what each role contributes during the birth-to-three period.

Teacher of the Visually Impaired (TVI)

The TVI is the central specialist for CVI early intervention. They conduct the CVI Range assessment and design a visual program matched to your child’s current phase. For infants and toddlers, TVI services typically involve weekly or biweekly home visits, during which the TVI implements visual activities and coaches parents on how to carry the strategies through daily routines. The TVI is also the person who documents your child’s progress and adjusts the program as their vision develops.

When seeking a TVI for early intervention, ask specifically about their CVI experience and whether they use the CVI Range assessment. Not all TVIs have specialized CVI

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training, and a general visual impairment approach will not adequately address CVI's specific characteristics.

Occupational Therapy

An occupational therapist working with infants and toddlers with CVI focuses on visual-motor integration – how the child uses vision to guide movement and interact with their environment. This includes early reaching and grasping, feeding (CVI can make it difficult for babies to visually identify food on a spoon), and sensory integration, which affects how the child attends to and processes visual information alongside other sensory input.

Speech-Language Therapy

Visual processing supports communication development in ways that are easy to overlook. Babies and toddlers learn language partly through looking at faces, following a speaker's gaze, and processing the visual context of conversations. For children with CVI, a speech-language therapist can help establish adapted visual schedules, explore augmentative communication (AAC) tools designed with CVI considerations, and support early literacy approaches that account for CVI's impact on visual-verbal processing.

Orientation and Mobility (O&M)

Even for infants and toddlers, O&M services can be valuable. An O&M specialist at this age focuses on building body awareness, spatial concepts, and safe exploration – the foundational skills that will support independent mobility as the child grows. Pre-cane skills can begin very early, and CVI-specific strategies for navigating environments safely are important for children with significant visual processing challenges.

Family Training

In early intervention, the most important “therapist” is the parent. Therapy sessions happen once or twice a week; the rest of the child's waking hours are spent at home. Family training – coaching parents on how to implement CVI strategies during feeding, bathing, play, and daily transitions – multiplies the effect of professional services enormously. An IFSP that does not include robust family training is missing its most powerful component.

What You Can Do at Home Right Now

You do not have to wait for a professional evaluation or formal services to begin supporting your child's visual development. These strategies can start today.

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Create a CVI-Friendly Environment

- Simplify your child's visual spaces. Offer one toy at a time on a solid-color background rather than placing multiple toys in a play area simultaneously. A plain black blanket, mat, or tray works well as a visual background.
- Identify your child's preferred color – usually a bright, saturated primary color – and use it strategically. Wrap a favorite toy in the preferred color, offer a cup in that color, and use it as a signal for visual attention.
- Control lighting. Reduce harsh overhead fluorescents and position your child so that light comes from behind the objects you are presenting, not from behind your child (which would make you a silhouette).
- Place familiar items in consistent locations. Visual memory develops over time. When objects are in the same place every day, your child has more opportunities to build visual recognition.

Visual Stimulation Activities

- Move objects slowly through your child's best visual field. For many children with CVI, movement is what initially attracts visual attention. A slowly moving shiny or brightly colored object can prompt the first visual tracking responses.
- Use a light box or backlit toys during visual play. Placing a bright toy on a light box dramatically increases contrast and can produce visual responses that were not occurring in ambient light.
- For Phase I children, start with high-contrast black and white patterns before introducing color. As visual responses develop, introduce preferred color.
- Always start with familiar objects before introducing new ones. Novel items require significantly more visual processing effort for children with CVI.

Daily Routine Modifications

- Build consistent visual routines. When your child knows what to expect visually, they can allocate less processing effort to figuring out the context and more to the interaction.
- Narrate visual experiences aloud. "Here comes your red spoon" or "I'm putting your blue cup on the tray" pairs verbal language with visual information and supports both vision and language development simultaneously.
- Allow extra time for visual processing during all activities. Do not rush a response. Pause after presenting something visually and give your child time to look and respond before repositioning or moving on.
- Reduce competing sensory input during visual activities. Turn off background noise when you want your child to focus visually. For many children with CVI, auditory input competes with visual processing rather than supporting it.

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Transitioning to School Services (Age 3)

When a child turns three, IDEA Part C early intervention services end, and responsibility shifts to the local school district under IDEA Part B. This transition requires planning – ideally beginning around age two and a half. The most important thing families need to know: there can be a gap in services if the transition is not handled proactively.

The Individualized Family Service Plan (IFSP) is replaced by an Individualized Education Program (IEP). The school district is now responsible for providing services, and those services look different – they are school-based rather than home-based, and the family is no longer the primary service setting. A TVI must continue to be part of the IEP team.

To protect against service gaps at the age 3 transition:

- Request a transition meeting with your early intervention team and the school district at least six months before your child’s third birthday.
- Ensure your child’s CVI Range assessment and current IFSP documentation is shared with the school district team before the IEP meeting.
- Request that IEP services begin on your child’s third birthday, not weeks after. Services should not lapse.
- Confirm that a TVI with CVI experience is assigned before the IEP is finalized.

For a comprehensive guide to what school-age CVI support looks like, see our [CVI classroom accommodations guide](#).

Take the Next Step

At New England Low Vision and Blindness, we support families of infants and toddlers with CVI through every step of the early intervention process – from understanding what early intervention involves to building a treatment plan and accessing the right services. If your child has been diagnosed with CVI or you have concerns about your infant’s visual development, our team is here to help you move forward with confidence.

About This Document

This white paper was created by New England Low Vision and Blindness. Portions of the content were generated using AI technology and reviewed for accuracy. However, the information is provided “as is” and is not intended as a substitute for professional advice or a comprehensive product assessment.

About New England Low Vision and Blindness

New England Low Vision and Blindness is a leading provider of assistive technology,

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training, and support for people who are blind or visually impaired. We serve individuals, schools, and organizations across the Northeast with personalized solutions that empower independence and improve quality of life. To learn more or [schedule a no-obligation consultation](#), visit NELowVision.com or call 888-211-6933. You can also email us at info@NELowVision.com.