

CAVELAND EDUCATIONAL SUPPORT CENTER

Referral for Students with Visual Impairments

- Functional Vision Learning Media Assessment/Braille Skills Inventory
 Consultation

Referral Checklist

(Note: Unless specified otherwise, school district forms may be used for any required items.)

- _____ Caveland Center Referral Form
 _____ Permission for Evaluation
 _____ Current Eye Exam Report
 _____ IEP (unless initial referral) or 504 Plan
 _____ Previous testing if available including past FVLMA / Braille Skills Inventory

Please Complete these Questions:

1. Does the student currently receive instruction in Visual efficiency/Braille Skills or Orientation and Mobility and by whom?

2. Has this student previously received instruction in the above?

3. Does the student use mobility devices or low vision aids? If so, please list.

4. Is the student a Braille, large print, or regular print user?

5. Are there unique needs/concerns (i.e. social skills, advocacy, keyboarding, optical devices, listening skills, etc.)?

6. Please list the technology used by this student.

Signature, Director of Special Education

Date