



Request for Clinical Low Vision Evaluation Form

Low Vision Evaluations through Region 17 ESC are accepted once every 3 years per student.

ALL ANSWERS REQUIRED

PLEASE PRINT CLEARLY

Please check this box verifying that a clinical low vision evaluation was recommended for this student by the ARD Committee and the recommendation is documented in the ARD minutes dated _____

Student Name	Student Date of Birth	Grade
Parent/Guardian Name(s)	Parent Mobile # () - - - - -	
Parent Mailing Address	Parent Email	
ISD/SSA	Campus	
TVI Name	TVI Email	
TVI Mailing Address	TVI Mobile # () - - - - -	

Concerns about Near Vision Skills

Problems with reading? Yes No Describe:
Problems with writing? Yes No Describe:
Problems with technology in the classroom? Yes No Describe:
Other problems with near vision? Yes No Describe:

Concerns about Distance Vision Skills

Problems with reading the board or display? Yes No Describe:
Problems with writing notes from board or display? Yes No Describe:
Problems with avoiding obstacles when traveling? Yes No Describe:
Other problems with distance vision? Yes No Describe:

Glasses & contact lenses are NOT covered.

Required Signature of Special Education Director: _____



Procedure: Clinical Low Vision Evaluation Referral

Region 17 Education Service Center
Supplemental Funds for Students with Visual Impairments

Deanne Goen, VI Specialist
Evelyn Gilson, VI Support Staff

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806-281-5712
806-281-5867

When results of the functional vision evaluation and learning media assessment support the need for additional testing, the VI teacher may recommend student for a clinical low vision evaluation. Here is the procedure for referral.

- ⇒ Based on evaluation results, the VI Teacher submits a recommendation of Clinical Low Vision Evaluation to the student's ARD/IEP Committee.
- ⇒ With ARD/IEP Committee approval of the recommendation, VI Teacher completes the "Request for Clinical Low Vision Evaluation Form".
 - A check box is provided on the form to verify that the request is from the ARD/IEP Committee and documented in the minutes of that ARD meeting.
 - **Required** on the form are answers to all questions, date of ARD meeting, and SpEd Director signature.
- ⇒ The **VI Teacher faxes or emails the completed request form to VI Support Staff at Region 17 ESC. Fax # 806-281-6694 Email egilson@esc17.net**
- ⇒ Region 17 VI Support Staff schedules an evaluation appointment with a contracted Low Vision Specialist, and sends a copy of the completed "Request for Clinical Low Vision Evaluation Form" to the office of Low Vision Specialist providing information for the doctor.
- ⇒ Region 17 VI Support Staff notifies the VI Teacher, student's parents/guardians, and Region 17 VI Specialist of the appointment date and time. Notification is made by email and mail. **VI Teacher should communicate with family about the appointment date, time, and location, and a plan to meet the family there.**
- ⇒ The report from the low vision evaluation will be sent to family, Region 17 VI Support Staff and VI Specialist, Special Education Director, and VI Teacher.
- ⇒ The Region 17 VI Specialist will review recommendations noted on the report and will order **approved** low vision devices that can be funded with SSVI funds. Brand and vendor of all devices ordered are at the discretion of Region 17.

NOTE: Funds are NOT available for glasses or contact lenses.