EDUCATIONAL SERVICE CENTER
of Northeast Ohio

REFERRAL FOR RELATED SERVICES FOR STUDENTS WITH VISUAL IMPAIRMENTS

THE NEED FOR O & M EVALUATION WILL BE DETERMINED BY THE TCVI'S EDUCATIONAL ASSESSMENT AND WILL FOLLOW IF NEEDED.

THE NEED FOR O & M EVALUATION WILL BE DETERMINED BY THE TCVI'S EDUCATIONAL ASSESSMENT AND WILL FOLLOW IF NEEDED.

School_____ Grade_____ District of Residence_____

School District of Service _____

Student Name_____DOB_____Age_____Sex_____

Home
Address_____City_____Zip_____Phone_____

Father's Name_____ Mother's Name_____

Name & title of person completing referral_____

Phone number of person completing referral _____

Contact person _____
(for scheduling of services)

IF DETERMINED BY THE TEACHER OF CHILDREN WITH VISUAL IMPAIRMENTS THE FOLLOWING IS NEEDED, INDICATE HERE.

____ ORIENTATION AND MOBILITY
This testing procedure address a student's ability to travel safely and effectively within the environment.

A current eye report AND a parent permission form must be submitted with this referral before the evaluation(s) to proceed.

EACH REFERRAL MUST BE SIGNED

Name_____Date_____
Building Principal

Name_____Date_____
Director of Special Education/Pupil Services

RETURN TO: Visual Impairment Program, Educational Service Center of Northeast Ohio
Essex Place, 6393 Oak Tree Blvd. S. Independence, OH 44131 – Attn: Dana Lambacher

Email: Dana.lambacher@escneo.org