

The Smokey Powell Center

GEORGIA ACADEMY FOR THE BLIND



Referral Checklist for: **CVI Range Assessment and Intervention Support**

Student Name: _____

DOB (m/d/yyyy): _____ Georgia Testing ID (10 digit): _____

School District: _____ School Name: _____

Prior CVI Range?: Yes No Date of Prior CVI Range: _____

TVI Name: _____ Email: _____

Phone 1: _____ Type: _____ Phone 2: _____ Type: _____

SpEd Dir. Name: _____ Email: _____

The following is the list of items needed to complete the referral packet for a **CVI Range Assessment**. Please make sure the packet is complete before submitting it.

1. Both the Student and TVI are registered with the GIMC*
2. Request for Evaluation (signed by the SpEd Dir. on district letterhead)
3. Parental Consent for Evaluation (your district form)
4. Current Eye Report (within one year)
5. Current IEP
6. Current Neurological Report (if available)
7. Functional Vision/Learning Media Assessment (if available)

* To register with the Georgia Instructional Materials Center please go to www.gimc.org. If you and the student are already registered with the GIMC please log in and edit (update) your student's information.

You will be contacted for scheduling when we receive and review the completed packet. The assessment will be completed by the student's TVI in collaboration with the Smokey Powell CVI Specialist.

The assessment will have 3 components:

- A parent interview, conducted before the assessment either in person or by phone
- Observation in the student's regular setting
- Direct assessment in a room where lighting and sound can be controlled

We look forward to working with you and your student. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Martha Veto, SPC CVI Specialist mveto@uga.edu
Heather Francis, Admin. Assistant hfrancis@doe.k12.ga.us

Smokey Powell Center 2895 Vineville Ave
Macon, GA 31204
Phone: 478-751-6083 x3624
Fax: 866-237-5968