

# The Smokey Powell Center

GEORGIA ACADEMY FOR THE BLIND



Referral for: **Instructional Support**

TVI Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_

School District: \_\_\_\_\_

SpEd Dir. Name: \_\_\_\_\_ Email: \_\_\_\_\_

## I would like help with:

Essential Assessments (e.g. LMA, FVA)

Braille Strategies

Assistive Technology

Expanded Core Curriculum

Accommodations or Modifications

Digital Resources

Embossers

Duxbury

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

## I would like to observe:

Teachers and students working with assistive technology

Students using tactile communication

Teachers working with students who have multiple disabilities

Teachers instructing students in the following area(s) of the Expanded Core Curriculum

Other: \_\_\_\_\_

Visits must be approved by your Special Education Director. Please provide a letter of approval signed by your director. Email this request to Heather Francis ([hfrancis@doe.k12.ga.us](mailto:hfrancis@doe.k12.ga.us)).

Smokey Powell Center for Assistive Technology  
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