The Smokey Powell Center

GEORGIA ACADEMY FOR THE BLIND

Referral Checklist for: **Low Vision Evaluation (LVE)**

Student Name: _____

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

School District: _____ School Name: _____

Prior LVE?: ___ Yes ___ No Location of Evaluation: _____

TVI Name: _____ Email: _____

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

Student's Chaperon _____ Relationship _____
Phone 1: _____ Type: _____ Email: _____

SpEd Dir. Name: _____ Email: _____

The following is our **Low Vision Evaluation** list of items needed to complete the referral packet.

Please make sure the packet is complete before submitting it.

The packet will be returned if <u>any</u> items are missing or are out of date.

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. ____ Functional Vision/Learning Media Assessment
7. ____ Release of Information Form (page 2)
8. ____ Vision Teacher or LSS designee will attend **<u>virtually</u>** or i**<u>n person.</u>** (circle one)

You will be contacted for scheduling when we receive and review the completed packet. We look forward to working with you and your student. Parents are welcome and encouraged to attend low vision evaluations. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Heather Francis, Admin. Assistant
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Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

Dr. Kenney Moore Director of State Schools

Dr. Cindy Gibson GAB Superintendent

The Smokey Powell Center for Assistive Technology
Georgia Academy for the Blind
Macon, GA 31204

AUTHORIZATION TO RELEASE INFORMATION

I hereby permit the Smokey Powell Center to release school records on:

(Name of Student)

To: The Smokey Powell Center Low Vision Optometrist

Reason for Request: Low Vision Evaluation

Records Requested: Eye Report, Functional Vision Assessment, Other reports related to vision

This information may not be transferred to any third parties nor may they have access to the information without the written consent of the parent or eligible student.

I hereby release the administration and the staff of the above agency/institution issuing the information from all liability and all claims of any nature whatsoever pertaining to disclosure of this information.

_____

Signature

_____

Relationship

_____

Date