

Please submit request to:

Logged: _____

Region 10 Education Service Center
Division of Instruction
SUPPLEMENTARY SERVICES FOR VISUALLY IMPAIRED

STUDENT SERVICE REQUEST

Student Name	D.O.B.	Age	Sex
District	Placement and/or Grade	Student's School Day Begins: _____ Ends: _____	
Campus or Name of ECI	Campus/ECI Address	Zip	Campus/ECI Phone (_____) _____
Campus Ed. Diagnostician	Teacher/ECI Coordinator	Principal	
Parents Names (_____) _____	Home Address (_____) _____	City, Zip (_____) _____	
Home Phone # _____	Mother's Work # _____	Father's Work # _____	
Circle Eligibility Code (Primary & Secondary) MD OI OHI AI VI DB ED LD SI AU MR NCEC TBI			
PLEASE CHECK APPROXIMATE LEVEL OF FUNCTIONING ___ 0-30 ___ 30-50 ___ 50-70 ___ ABOVE 70			
Registered with TEA as Visually Impaired: _____ Yes _____ No			

SERVICES REQUESTED

***EVALUATION** to establish disability:

_____ **FUNCTIONAL VISION/LEARNING MEDIA:** ___ 3 year re-eval. ___ month of ISD 3 year re-eval.
Please attach a copy of recent eye report (exam within 1 year). An evaluation cannot be performed without an eye report **OR** REED process **dated** _____ determined eye report not needed.

_____ **ORIENTATION and MOBILITY (O&M):** . ___ 3 year re-eval. ___ month of ISD 3 year re-eval.

_____ **ARD/IFSP** Attendance at ARD/IFSP for V.I. Student by a Certified V.I. Teacher is required by TEA.

*If this is not an initial evaluation, the ARD/REED process indicates need for evaluation(s) checked.

As stipulated in Rules and Regulations for Providing Special Education Services, informed consent and written parent permission in the language best understood by the parent have been obtained for Functional Vision/Learning Media/Orientation and Mobility evaluation, follow-up, and/or ongoing Supplementary Services for Visually Impaired. In addition to parent consent, for those students 18-21 years of age or married, informed consent and written student permission in the language best understood by the student have been obtained for Functional Vision/Learning Media/Orientation and Mobility evaluation, follow-up, and/or ongoing Supplementary Services for Visually Impaired. All Procedural Safeguards according to Federal Regulations and State Law have been followed. Services requested are based upon the recommendation of the ARD Committee and are documented and justified in the student's IEP.

Special Education Director's Authorizing Signature

Date

THIS INFORMATION TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH FERPA & IDEA CONFIDENTIALITY REQUIREMENTS. 7/05
It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, gender or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.