Vision Services Referral Checklist

	Vision referral form $\&$ current eye report sent to the teacher of the visually impaired (TVI)
	 Eye report reviewed by TVI & recommendations given whether to proceed with referral based on medical findings & alignment with Rule 51 verification guidelines for visual impairment If medical findings are in alignment with verification guidelines, continue referral process steps If medical findings are not in alignment with verification guidelines, referral process stops
	Release of information form listing eye doctor completed
	Current MDT/IEP sent & TVI added to SRS team (for current special education students)
	SRS consent for evaluation listing functional vision assessment completed & signed by parent
	Parent interview form(s) completed
	Classroom teacher interview form(s) completed by every academic teacher serving student
	Vision Services Referral Checklist completed
	Referral packet submitted to TVI
act	e TVI will complete observations of student and functional vision assessment civities to determine level of visual functioning and access to educational or velopmental materials.
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Se	nd all required forms & documentation to Stacey Richart/ESU 1 Vision Department
	Email: srichart@esu1.org
	Mail: ESU 1 Vision Department (211 Tenth Street, Wakefield, NE 68784) Fax: 402-287-2065