

# REFERRAL FORM FOR SERVICES FOR THE VISUALLY IMPAIRED

MANITOBA EDUCATION  
Program and Student Services Branch  
204 – 1181 Portage Avenue  
Winnipeg, MB R3G 0T3

Date: \_\_\_\_\_

## **BACKGROUND INFORMATION**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
month/day/year

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Postal Code

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Postal Code

Classroom Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

School Division: \_\_\_\_\_ No.: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Postal Code

Special Education Coordinator: \_\_\_\_\_

Other Professionals Involved: \_\_\_\_\_

Person Making the Referral: \_\_\_\_\_ Resource Teacher: \_\_\_\_\_

**Eye Care Practitioner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Other Pertinent Medical information/medication: \_\_\_\_\_

## **VISUAL FUNCTIONING**

A. Describe the visual difficulties the student exhibits:  
\_\_\_\_\_  
\_\_\_\_\_

### **B. Visual Aids:**

1) Check if student uses: Glasses: \_\_\_\_\_ Magnifiers: \_\_\_\_\_  
(tinted lens or glasses)

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

**C. Visual Skills:**

1) Near tasks (desk tasks: cutting, drawing, reading, pictures, symbols, concrete objects, etc.).

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2) Distance tasks (blackboard, mobility, playground, body language, gym, etc.).

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**D. Environmental Factors:**

1) Preferred light source (natural/artificial).

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2) Abnormal reaction to light (gazing/flicking).

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Architectural barriers (curbs, stairs, doorways, etc.).

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I am requesting that consultant services be provided to my visually impaired child. I understand that this may include a functional vision assessment.

\_\_\_\_\_  
*Signature of Parent*

**NOTE:** In order to act on this referral, an eye report based on an eye examination performed **within the last 12 months** is required. If the parent will sign the eye report form and indicate the name and address of the student's eye doctor, the Department will be willing to contact the eye doctor directly.

PLEASE SEND COMPLETED FORM TO:

**Freya Martinot**  
Manager  
Manitoba Education  
Program and Student Services Branch  
204 – 1181 Portage Avenue  
Winnipeg, MB R3G 0T3