

REFERRAL FORM FOR SERVICES FOR STUDENTS WITH VISUAL IMPAIRMENTS

Date: _____

Student: _____ Grade: _____ Date of Birth: _____
month / day / year

BACKGROUND INFORMATION:

Parent's Name: _____ Phone No.: _____
Mailing Address: _____ (Box or Street)
_____ (City/Town)
_____ (Postal Code)

School: _____ Phone No.: _____
Mailing Address: _____ (Box or Street)
_____ (City/Town)
_____ (Postal Code)

Classroom Teacher: _____ Principal: _____
Resource Teacher: _____ Person making referral: _____

School Division: _____ Phone No.: _____
Mailing Address: _____ (Box or Street)
_____ (City/Town)
_____ (Postal Code)

Other Professionals involved: _____ Student Services Administrator: _____

Eye Doctor's Name: _____ Phone No.: _____
Mailing Address: _____ (Box or Street) Fax No.: _____
_____ (City/Town)
_____ (Postal Code)

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.):

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

D. Environmental Factors:

1) Preferred light source (natural/artificial):

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

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

I am requesting that consultant services for students with visual impairments be provided for my child. I understand that this may include a functional vision assessment.

Parent Signature

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 student's eye doctor, the Department will be willing to contact the eye doctor directly.*

PLEASE SEND COMPLETED FORM TO:

Coordinator, Blind/Visually Impaired Services Unit
Manitoba Education and Training
Healthy Child Manitoba Office and K-12 Education Division
Inclusion Support Branch
204 – 1181 Portage Avenue
Winnipeg MB R3G 0T3
Fax: 204-948-3229