

Kentucky School for the Blind  
Clinical Low Vision Referral Form . PLEASE PRINT

---

---

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ District: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Served:  VI Only  VI Multiple  504  Other

Primary Reading Medium:  Print  Braille  Auditory  Pre-reader  Non-reader

VI Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DoSE: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Kentucky School for the Blind  
Clinical Low Vision Referral Form . PLEASE PRINT**

---

---

**HISTORY:**

Visual condition: Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Date of Last Eye Exam: \_\_\_\_\_ with Dr. \_\_\_\_\_

Date of Last FVLMA: \_\_\_\_\_

Date of Last Low Vision Exam: \_\_\_\_\_

---

Please check any of the following that your student has or is currently using:

Magnifier     Dome     Dome with light

Monocular     2.8x     4x     6x     8x     10x

Portable CCTV

Cell Phone

Chromebook

Visiobook Electronic Magnifier

Jupiter Portable Magnifier

Ruby Handheld Video Magnifier

Ebooks

Google Classroom, Google Slides

Prodigy Electronic Magnifier

Zoom Text

Apps (Please list): \_\_\_\_\_

Long White Cane

Sun Shields

Bold Line Paper

20/20 Pen

#1 Pencil

Other (Please list): \_\_\_\_\_

---

What is your specific concern about the student's vision loss? \_\_\_\_\_

What are your goals for the student? \_\_\_\_\_

---

---

---