

South East SELPA

CHECKLIST FOR A REFERRAL TO THE PROGRAM FOR STUDENTS WITH VISUAL IMPAIRMENTS

To refer a student for evaluation for vision services, please follow these steps:

- Complete the "Referral for Vision Services" form
- Complete the "Authorization for Release of Medical/Educational Information for Students"
- Have the student's parents complete and sign that form with the following information:
 - Ophthalmologist's name, address and telephone number
 - Authorization for the ophthalmologist to release information to:
 - Vision Specialist
 - South East SELPA Program for Students with Visual Impairments
 - 3434 Marten Avenue, San Jose, CA 95148
 - Fax: 408-532-9311
- Attach any available medical reports
- Attach the eye report, of an exam completed within the past year, by a licensed eye specialist (ophthalmologist or optometrist)
- Attach any available IEPs
- Send all information to:
 - Michele Villarreal
 - Program Administrator
 - South East SELPA Program for Students with Visual Impairments
 - 3434 Marten Avenue
 - San Jose, CA 95148

You can also email the referral to mwillarreal@mpesd.org

After reviewing the information, the vision specialist will contact the referring party. The vision specialist will verify the student has a visual impairment. To be eligible for special education a pupil must have a visual impairment that, even with best correction, adversely affects his or her educational performance.

**South East SELPA
Program for Students with Visual Impairments
REFERRAL FOR VISION SERVICES**

Student's Name: _____ **Date of Birth:** _____

Age: _____ **Grade:** _____

Address: _____

Parent/Guardian: _____

Phone Numbers: _____

Email: _____

Parent/Guardian: _____

Phone Numbers: _____

Email: _____

Teacher: _____

Teacher's email: _____

District: _____

School: _____

Address: _____

Telephone: _____

Fax: _____

Student's Visual Acuity with Best Correction: _____

Does the Student Wear Prescription Glasses or Contacts? _____

Student's Ophthalmologist: _____

Address: _____

Telephone: _____

Fax: _____

Please describe:

1. **The reason for referral, including specific observations:**

2. **Student's educational performance:**

3. **Student's classroom behavior:**

4. **Student's strengths:**

Referring Party: Name: _____ **Title:** _____ **Email:** _____

Signature: _____

Date: _____

Director/Program Specialist: Name: _____

Title: _____

Signature: _____

Date: _____