**VISION/ORIENTATON & MOBILITY SERVICES**

**This request is for the: 20\_\_ - 20\_\_** ❏**ESY** ❏**School Year**

 **VISION/ORIENTATION & MOBILITY/MATERIALS SERVICE REQUEST**

 **VISION**

❏Direct Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❏Consult Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MATERIAL ADAPTATION** Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ORIENTATION & MOBILITY**

 ❏Direct Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❏Consult Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ASSESSMENT/RE-EVALUATION REQUEST**

❏Functional Vision Assessment

❏Orientation & Mobility Assessment

❏Re-evaluation

***Please include:***

IEP and any appropriate ophthalmologist/optometrist reports, SLP,OT/PT, etc.

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To assist BOCES in fulfilling your request, please indicate the **Reason for the Request**:

❏To determine if student’s vision has educational implications

❏To understand how student’s vision is impacting educational setting

❏To determine compensatory and teaching strategies/classroom support

❏Questioning as to whether student requires vision service due to diagnosed visual impairment

❏Questioning as to whether student requires Orientation/Mobility services

OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information contact the Coordinator of the Deaf/ASL Education – Vision/Orientation & Mobility

Department at: (585) 249-7010 (voice), (585) 249-7883 (fax).

Julie B. Hanson, Coordinator

 Deaf/ASL Education – Vision/Orientation & Mobility Department

 41 O'Connor Road

 Fairport, NY 14450

 ***NON-COMPONENT DISTRICTS MUST ALSO COMPLETE A CROSS CONTRACT***

Revised 4/27/18