



**REFERRAL TO DETERMINE  
ELIGIBILITY  
FOR VISUAL IMPAIRMENT SERVICES**

School \_\_\_\_\_ Grade \_\_\_\_\_ District of Residence \_\_\_\_\_

School District of Service \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Name & title of person completing referral \_\_\_\_\_

Phone number of person completing referral \_\_\_\_\_

**NOTE: This Evaluation will not be completed without a current eye report.**

**Student eligibility will be determined by an evaluation conducted by a teacher of students with visual impairments. Following this initial assessment, further services such as evaluation for orientation and mobility will be recommended.**

1. Is the student already on an IEP? If applicable, please attach the most current IEP and MFE.
2. If the child is not on a current IEP, what do you see as this student's strengths and weaknesses?  
(i.e., academic, language, social, motor, adaptive)

**EACH REFERRAL MUST BE SIGNED**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Building Principal

Name \_\_\_\_\_ Date \_\_\_\_\_  
Director of Special Education/Pupil Services

**RETURN TO:** Visual Impairment Program, Educational Service Center of Northeast Ohio  
Essex Place, 6393 Oak Tree Blvd. South, Independence, OH 44131 – Attn: Dana Lambacher  
Email: [Dana.lambacher@escneo.org](mailto:Dana.lambacher@escneo.org)

**DO NOT SUBMIT WITHOUT A CURRENT EYE REPORT**