

Please submit request to:

Logged: \_\_\_\_\_

**Region 10 Education Service Center**  
Division of Instruction  
**SUPPLEMENTARY SERVICES FOR VISUALLY IMPAIRED**

**STUDENT SERVICE REQUEST**

Student Name	D.O.B.	Age	Sex
District	Placement <b>and/or</b> Grade	Student's School Day Begins: _____	Ends: _____
Campus or Name of ECI	Campus/ECI Address	Zip	Campus/ECI Phone
Campus Ed. Diagnostician	Teacher/ECI Coordinator	Principal	
Parents Names ( )	Home Address ( )	City, Zip ( )	
Home Phone #	Mother's Work #	Father's Work #	

Circle Eligibility Code (Primary & Secondary) MD OI OHI AI VI DB ED LD SI AU ID NCEC TBI

**SERVICES REQUESTED**

\***EVALUATION** to establish disability:

\_\_\_\_\_ **FUNCTIONAL VISION/LEARNING MEDIA:** \_\_\_ 3 year re-eval. \_\_\_ month of ISD 3 year re-eval.  
Please attach a copy of recent eye report (exam within 1 year). An evaluation cannot be performed without an eye report **OR** REED process **dated** \_\_\_\_\_ determined eye report not needed.

\_\_\_\_\_ **ORIENTATION and MOBILITY (O&M):** . \_\_\_ 3 year re-eval. \_\_\_ month of ISD 3 year re-eval.

\_\_\_\_\_ **ARD/IFSP** Attendance at ARD/IFSP for V.I. Student by a Certified V.I. Teacher is required by TEA.

**TRANSFER STUDENT**

\_\_\_\_\_ **ONGOING SERVICE:** Temporary ARD DATE \_\_\_\_\_  
Amount of Service: VI Direct \_\_\_\_\_ Consult \_\_\_\_\_  
O&M Direct \_\_\_\_\_ Consult \_\_\_\_\_

\*The ARD/REED process indicates need for evaluation(s) checked.

As stipulated in Rules and Regulations for Providing Special Education Services, informed consent and written parent permission in the language best understood by the parent have been obtained for Functional Vision/Learning Media/Orientation and Mobility evaluation, follow-up, and/or ongoing Supplementary Services for Visually Impaired. In addition to parent consent, for those students 18-21 years of age or married, informed consent and written student permission in the language best understood by the student have been obtained for Functional Vision/Learning Media/Orientation and Mobility evaluation, follow-up, and/or ongoing Supplementary Services for Visually Impaired. All Procedural Safeguards according to Federal Regulations and State Law have been followed. Services requested are based upon the recommendation of the ARD Committee and are documented and justified in the student's IEP.

\_\_\_\_\_  
Special Education Director's Authorizing Signature

\_\_\_\_\_  
Date