



Vision Services Request Checklist
(Please return with the referral packet)

_____ Initial referral for a student who may have vision impairment.

_____ Eye report from an optometrist or ophthalmologist.

_____ Vision referral form.

_____ Release of information form with optometrist or ophthalmologist listed.

_____ Consent for evaluation (list functional vision assessment).

_____ Re-evaluation referral

_____ Eye report from an optometrist or ophthalmologist.

_____ Vision referral form.

_____ Release of information form with optometrist or ophthalmologist listed.

_____ Consent for evaluation (List functional vision assessment)

_____ Referral for related services / consultation

_____ Eye report from an optometrist or ophthalmologist.

_____ Vision referral form.

_____ MDT report

_____ Current IEP

_____ Release of information form with optometrist or ophthalmologist listed.

_____ Consent for evaluation (list functional vision assessment).

_____ Transfer student

_____ Eye report from an optometrist or ophthalmologist.

_____ Vision referral form.

_____ MDT report

_____ Current IEP

_____ Release of information form with optometrist or ophthalmologist listed.

_____ A copy of any Functional Vision Assessment that was completed in the previous district.