

**NEBRASKA CENTER FOR THE EDUCATION OF CHILDREN
WHO ARE BLIND OR VISUALLY IMPAIRED/ESU 4
P.O. Box 129 - 824 10th Avenue, Nebraska City, NE 68410
402-873-5513 or 800-826-4355
Fax: 402-873-3463**

REQUEST FOR SERVICES CHECKLIST

Please gather the information listed below and return completed packet to:

NCECBVI
Outreach Department
P.O. Box 129; 824 10th Avenue
Nebraska City, NE 68410

- _____ **Request for Services Form:**
Signed by District representative **and** Parent /Guardian (pages 1-5)
to be completed each school year.

- _____ **Permission for Release of Confidential Information:**
Signed by Parent/Guardian (page 6) to be completed for the initial
request and renewed every year.

- _____ **Current Optometric/Ophthalmologic Vision Report**

- _____ **Current IEP or IFSP**

- _____ **Previous Evaluations:**
Medical, psychological, speech, low vision, or others.
Copies of previous evaluations completed by NCECBVI staff are not
necessary.

IMPORTANT: Briefly describe the reason for referral of this student by the school district.

Please Note:

Parent & Teacher Questionnaires:
These documents will be sent upon receipt of this form.

Please provide the following billing information:

District Representative: _____ School District: _____

Address: _____
Street City State Zip Code

Phone: _____ FAX: _____ E-Mail: _____

Send report to: _____

Address: _____
Street City State Zip Code

Financial Agreement: The undersigned person, as a representative of the school district, authorizes services and agrees that the school district is financially responsible for all charges incurred for services rendered by the Nebraska Center for the Education of Children Who Are Blind or Visually Impaired in accordance with the rates approved by the Nebraska Department of Education for the **2011-2012** school year. It is understood that all costs are considered allowable for special education reimbursement purposes.

As district representative, I **authorize** _____ to function as the primary contact for this request for services.

District Representative

Date

PARENTAL CONSENT

GIVE CONSENT FOR EVALUATION /CONSULTATION

I have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **give consent** for the evaluation specified in this notice. I understand that this consent is voluntary, and may be revoked at any time.

I also **give consent** for photographs and audio-visual tapes to be taken of my child during assessments performed by NCECBVI to facilitate appropriate educational assessments and program planning.

Signature of Parent/Guardian

Date

CONSENT NOT GIVEN FOR EVALUATION

I have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **do not give consent** for the evaluation specified in this notice. The reason for not giving consent for the evaluation is:

Signature of Parent/Guardian

Date

Parents of children with a disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of these "Parental Rights in Special Education" can be obtained on the following web site: www.ncecbvi.org

You should read this information carefully, and if you have any questions regarding your rights, you may contact:

Sally Giittinger, NCECBVI Campus Administrator, at 402-873-5513 or 800-826-4355.

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:
Lincoln Office: 402-471-2471
Omaha Office: 402-595-2177
Educational Service Unit 4: 402-274-4354

ASSESSMENT REQUESTS

Please indicate by checking all areas of assessment that may be required during the current academic year.

- Braille Readiness:**
- assesses the student's tactual discrimination abilities and readiness for learning the Braille code
 - identifies student's knowledge of the literary Braille code and use of the braillewriter
- Functional Environment:**
- assesses physical structure and organization of a student's school/or home learning environment
 - provides techniques to create visually functional environments
- Functional Vision:**
- identifies how a student uses visual information in performing daily activities in a variety of settings
 - identifies adaptations needed in the following areas: low vision devices, materials and environments to include both school and home
 - provides information, instructional strategies, and techniques to enhance education outcomes
- Learning Media:**
- provides information on how the student accesses printed information
 - systematically selects learning and literacy media
 - provides information for recommendations for instructional materials and methods, as well as literacy tools, including print and/or Braille
- Physical Education:**
- identifies a student's skill performance relating to a typical physical education curriculum
 - identifies adaptations to equipment and techniques which will enhance inclusion into regular physical education class

CONSULTATION REQUEST:

Through on-site observation within the student's school district, an educator endorsed to teach children with visual impairments will work with teachers and support staff of a visually impaired child.

Areas may include the following:

Vision Subject area: _____ Other _____

Frequency of consultation: Monthly Quarterly Biannually Annually

**THE FOLLOWING
ASSESSMENT REQUESTS
ARE ONLY CONDUCTED ON-SITE
AT THE NCECBVI CAMPUS**

- Psychological:**
 - Intellectual:
 - measures an individual's general intellectual functioning
 - identifies cognitive strengths and weaknesses
 - Academic:
 - measures the levels of academic achievement
 - identifies academic strengths and weaknesses
 - Social/Emotional/Behavioral:
 - measures and evaluates degrees of social competence, personality traits and social responsibility
 - identifies behavioral traits
 - Developmental:
 - cognition
 - communication receptive and expressive / verbal and nonverbal
 - adaptive self-help behavior
 - social-emotional interactions and behaviors
 - physical fine motor functional performance levels
- Occupational Therapy:**
 - address and provide recommendations for deficits in self-feeding, dressing and toileting
 - assess upper body coordination and fine motor skills for classroom tasks
 - identify and assess positioning and seating needs as needed
- Physical Therapy:**
 - evaluates a student's muscle tone, range of motion, reflexes, strength, coordination and endurance
 - assesses gross motor skills and functional performance in transitions, transfers, ambulation and mobility
- Transitional Living (Ages 14-21):**
 - identifies a student's skills and abilities in the following areas: shopping and food preparation, household chores, telephone, safety, emergency, social and hygiene
 - identifies and recommends equipment, skills and techniques that facilitate the student's transition from school to adult life

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Permission for Release of Confidential Information

I, _____,

Parent/Guardian of _____,

give my permission for:

Nebraska Center for the Education of Children
Who Are Blind or Visually Impaired / ESU 4
P.O. Box 129 - 824 10th Avenue
Nebraska City, NE 68410
(402) 873-5513 or 1-800-826-4355

To **release** and/or obtain the following information concerning this child to/from:

Psychological Information Educational Information
 Optometrist/Ophthalmologist Reports Medical Information
 Other _____

The purpose of this information is to facilitate appropriate educational assessments and program planning.

I understand that I may revoke this release at any time with a written notice and it is in effect for 12 months from the date of the signature.

I hereby give my permission for photographic and audio-visual tapes to be taken of my child during services provided by NCECBVI to facilitate appropriate educational assessments and program planning.

Signature of Parent/Guardian

Date