

**NEBRASKA CENTER FOR THE EDUCATION OF CHILDREN
WHO ARE BLIND OR VISUALLY IMPAIRED/ESU No. 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:

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

_____ **Request for Services Form** signed by District representative and Parent / Guardian
(pages 2-4)

_____ **Permission for Release of Confidential Information** signed by
Parent/Guardian (page 5)

_____ **Current Optometric/Ophthalmologic Vision Report**

_____ **Current IEP or IFSP**

_____ **Previous Evaluations** (psychological, speech, low vision, etc.)
(Copies of previous evaluations completed by NCECBVI staff not necessary)

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

3. Please indicate all areas of assessment that may be required during the current academic year(a brief description of each assessment is listed on the lasted pages of this packet):

Location: natural & school environment

- _____ Motor Skill Development
- _____ Learning Media
- _____ Functional Vision
- _____ Technology _____ Assistive _____ Academic
- _____ Braille Readiness/Literacy
- _____ Functional Daily Living Skills
- _____ Functional Environment
- _____ Attend IEP/MDT/IFSP
- _____ Staff Development

Location: NCECBVI Campus in Nebraska City

- _____ Psychological:
 - _____ Intellectual
 - _____ Academic
 - _____ Social/Emotional/Behavioral
- _____ Vocational (ages 14-21)
- _____ Transitional Living (ages 14-21)
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Speech and Language
- _____ Orientation and Mobility

Area of Consultation: (i.e. vision, technology, etc.)

Circle Frequency: monthly, quarterly, biannually, or annually

*Please note that all assessments done in the student's natural environment can be done on-campus with the exception of Functional Environment.

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 **2007-2008** school year. It is understood that all costs are considered allowable for special education reimbursement purposes.

_____ **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**

DO NOT GIVE CONSENT 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 Güttinger, 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

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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 No. 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