

Ministry of Education
Blind/Low Vision Resource Services
And Outreach Programs
350 Brant Avenue
Brantford, ON N3T 3J9
Telephone (519) 759-0730
Toll Free: 1-866-618-9092

Ministère de l'Éducation
Aveugle / basse vision Services des ressources
Programmes de sensibilisation
350 Brant Avenue
Brantford, ON N3T 3J9
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Vision Resource Services and Outreach Programs Referral Package

Assessments can be requested for a student who is visually impaired/blind, or visually impaired/blind with multiple exceptionalities, and is attending or will be attending a publicly funded elementary or secondary school within Ontario District School Board/Authority. A request can also be submitted for a preschool child with visual impairments.

Referral to request an educational/functional vision assessment for:

A student who is blind or visually impaired

A transition visit (student transitioning into JK)

A preschool child

Today's Date:

- The attached referral form and parental consent must be completed and returned each time a request for services is being made for a resource visit.
- A referral form can only be accepted from (and completed by) District School Board/School personnel. A request for an assessment cannot be accepted from parents, other agencies/professionals (e.g. social workers, hospital personnel, etc.)
- A referral form can only be accepted from (and completed by) the Blind Low Vision Program from Ministry of Children and Youth Services for a preschool child.
- Assessments are provided upon request. Parental consent for a return visit within the same school year is not required.
- Assessments are completed during regular classroom routines within the student's school.
- Assessments for preschool children are completed at a local early year's centers/daycare/preschools however not completed inside the child's residence.
- We do not provide assessments to students enrolled in Post-Secondary Institutes or French Boards (for French Boards only, contact Centre Jules-Luger at 613-761-9300).
- Please contact Blind/Low Vision Resource Services and Outreach Programs for clarification of resource services offered to students who are blind/visually impaired attending a First Nation Community/Private School, or who are Home Schooled.

The completed referral form, signed parental consent and medical documentation can be emailed to:

Kerri.readings@ontario.ca

Or mailed to:

Attention: Kerri Readings
Vision Resource Services
W. Ross Macdonald School
350 Brant Ave. Brantford, ON N3T 3J9



SECTION “A” INFORMATION ON STUDENT

Name of Child (Last): (First):

Birth Date (YY/MM/DD):

Ontario Education Number: Grade/Program/Level:

Eye Condition(s):

Acuities: Right Eye (OD): Left Eye (OS): Both Eyes (OU):

Medical (Indicate other conditions, allergies (be specific) seizures, etc.)

SECTION “B” INFORMATION ON SCHOOL AND/OR PRESCHOOL

Name of School/Early Childhood Setting:

School Address/Early Childhood Setting Address (including Postal Code):

School Telephone Number: School Fax Number:

Principal:

Principal Email Address:

Teacher:

Teacher Email Address:

Early Childhood Vision Consultant (If applicable):

Student attends school/preschool on the following weekdays:

Monday Tuesday Wednesday Thursday Friday

Student program begins at:

Student program ends at:



SECTION “C” INFORMATION ON DISTRICT SCHOOL BOARD

Name of District School Board/Authority

Address of District School Board/Authority

Vision Itinerant Teacher:

Vision Itinerant Teacher Email:

Name of Referring Person if different then Vision Itinerant Teacher:

SECTION “D” DOCUMENT CHECKLIST

Must be included for referral to be accepted

Eye Report

Parental Consent Form

SECTION “E” REASON(S) FOR REFERRAL

Preschool Assessment

Appropriate Adaptive Equipment and/or Software-Eligibility to obtain funding for adaptive equipment (special education amount) (Note: Training and set up is NOT provided.)

Need for support for Teacher of the Blind for Instruction in braille literacy Pre-braille Assessment.

Recommendations for Educational Programming.

Transition Year (Entering School, Elementary to Secondary, Secondary to Post-Sec, Community Living).

CVI Range Assessment (we require medical documentation that indicates a CVI Diagnosis or suspected vision loss that is cortically/cerebrally based.)

Recommended by Consultant (as per previous resource visit)

Has the student received an assessment or support from W. Ross Macdonald School, Deafblind Resource Services? If so, please indicate name of Deafblind Consultant.

Please print all information, sign where indicated, and return to above address. Please ensure a signed copy is also forwarded to your child's school or Early Years Setting.

I (Parent/Guardian) give permission for the Consulting Staff in the Vision, Deaf and Deafblind Resource Services and Outreach Programs, to conduct an Educational/Functional Vision Assessment on my child, and for the disclosure of pertinent documentation including; medical, and school progress reports be forwarded by the Board/School to Resource Services and Outreach Programs in order to proceed with the assessment.

In order to conduct an effective assessment of the student's visual needs, the assessment from VRS may involve discussing your child's visual diagnosis with the student and the staff.

Name of Child:

Students Date of Birth:

Parent/Guardian:

Email Address:

Address (in full including city and postal code):

Telephone Number:

Signature of Student (18 years older)

Signature of Parent/Guardian:

Date:

This signed consent is only valid from the time up to and including the completion of the resource visit(s).

I authorize an Educational Consultant with the Provincial Schools Branch, to video, tape or photograph my child; I understand that this video/digital record may be viewed by Provincial Admitting Commission as part of the information sharing process.

These records may also be used for observation and discussion with Resource Services staff to improve and implement strategies to support your child's educational program.