

MINOR CHILD INFORMATION

Legal Guardian

First Name _____ **Middle Initial** _____ **Last Name** _____

Street Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Phone Number _____

Email Address (if available) _____

Relationship to Child _____

Other Legal Guardian

First Name _____ **Middle Initial** _____ **Last Name** _____

Street Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Phone Number _____

Email Address (if available) _____

Relationship to Child _____

Are there any custody considerations that our staff should be aware of? Yes / No

If yes, please describe _____

Is your child currently receiving vision services through the school district? Yes / No

Does your child have a current IEP (Individualized Education Plan)? Yes / No

Is your child currently receiving any other outpatient therapy services? Yes / No

If yes to any question above, please describe services _____

*** We will need to receive a copy of your child's current IEP, if applicable, on or before start of service**

Teacher of the Visually Impaired (TVI), if applicable

Name _____

Phone _____

Orientation and Mobility Instructor (O&M), if applicable

Name _____

Phone _____

Is the school staff aware that your child will be receiving services from Vision Forward? Yes / No

Would you like a school staff member to attend appointments? Yes / No

Does your child receive any special education services, other than accommodations for vision loss? Yes / No

If yes, please describe _____
