



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

1701 N.W. 23rd Avenue • Fort Lauderdale, Florida 33311 • Office: 754-321-3400 • Fax: 754-321-3407

CONSULTATION REQUEST / PROGRAM FOR VISUALLY IMPAIRED

Please complete this form and return with the completed *Physician's Report of Eye Examination** via pony to Arthur Ashe Jr. Campus / Program for the Visually Impaired.

Student: _____ Birth date: ___ / ___ / ___ Date of Request: ___ / ___ / ___

Parent(s): _____ Phone: _____

Local School: _____ Classroom Teacher: _____ Grade: _____

Contact Person: _____ Phone: _____

Does this student receive Special Education Services? Yes No

If yes, please list all services: _____

*To process this request a *Physician's Report of Eye Examination* must be provided.

Reason(s) for Request: Include relevant educational information. (e.g., classroom performance, materials, modifications, your observations)

Do you have concerns in regard to this student's ability to travel safely in the school environment? Yes No

If yes, describe concerns: _____

To be completed by Teacher of the Visually Impaired:

Observations and comments:

Recommendations to school personnel:

Signed: _____ Date: _____