



NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

Catherine Truitt, Superintendent of Public Instruction
www.dpi.nc.gov

Early Learning Sensory Support Program - Visual Impairment
2022-2023 Request for Services Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Sex: [ ] Male [ ] Female Race: \_\_\_\_\_ County: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Language of Parent: \_\_\_\_\_ Child: \_\_\_\_\_

Interpreter needed: [ ] Yes [ ] No Translation needed: [ ] Yes [ ] No

If child is in legal custody of someone other than the person with whom he/she lives, complete the following:

Legally Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

REQUEST FOR SERVICES SOURCE AND CONCERNS:

Local Education Agency Making Request: \_\_\_\_\_

Is this request the result of an IEP decision? [ ] Yes [ ] No Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Visual Diagnosis: \_\_\_\_\_

FOR NEW REQUESTS MOST CURRENT EYE REPORT OR OTHER MEDICAL RELATED TO VISION IS REQUESTED IF AVAILABLE PLEASE ATTACH. Fax to 919-733-1873

ASSESSMENTS BEING REQUESTED (Please check all that apply):

- [ ] Functional Vision Assessment Due Date: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] Learning Media Assessment Due Date: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] Orientation & Mobility (O&M) Due Date: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] Other: \_\_\_\_\_

SERVICES BEING REQUESTED (Please check all that apply):

- [ ] SDI for Vision Related Goals: Frequency and Intensity: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] O&M Services: Frequency and Intensity: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] Supports for School Personnel from: [ ] Teacher of the Visually Impaired Frequency and Intensity: \_\_\_\_\_
[ ] O&M Specialist Frequency and Intensity: \_\_\_\_\_
[ ] ESY Services: Frequency and Intensity: \_\_\_\_\_ Address: \_\_\_\_\_
[ ] Other: \_\_\_\_\_

Signature of IEP Team Local Education Agency Representative

Date

After review of current program capacity ELSSP will inform the Local Education Agency of the decision to accept or decline within 14 days of its receipt.

[ ] Accepted

[ ] Declined

Signature of ELSSP Lead Contact

Date

OFFICE OF EXCEPTIONAL CHILDREN

Sherry H. Thomas, Senior Director | sherry.thomas@dpi.nc.gov
6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (984) 292-3063 | Fax (919) 733-1873

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER