

Mobile Low Vision Clinic Evaluation Checklist

The following documentation is needed for student participation in a Low Vision Clinic Evaluation. Please submit according to the time frame listed, to the Exceptional Children Division (ECD) clinic coordinator listed at the bottom of the document.

REEVALUATION (submit documentation 4 weeks in advance of scheduled mobile clinic)	INITIAL REFERRAL (submit documentation as soon as possible)
Clinical Low Vision Evaluation (CLVE) Intake Form	Clinical Low Vision Evaluation (CLVE) Intake Form
Medical Eye Report <ul style="list-style-type: none"> ● The eye report should document the student’s best corrected near and distance visual acuity, as well as any noted eye condition(s). ● Current reports (ideally within one year) are preferred, however, reports dated within three years may be acceptable depending on the student’s eye condition. ● Contact the Low Vision Clinic Coordinator if there is difficulty securing an eye report. 	Medical Eye Report <ul style="list-style-type: none"> ● The eye report should document the student’s best corrected near and distance visual acuity, as well as any noted eye condition(s). ● Current reports (ideally within one year) are preferred, however, reports dated within three years may be acceptable depending on the student’s eye condition. ● Contact the Low Vision Clinic Coordinator if there is difficulty securing an eye report.
IEP form: Reevaluation	IEP form: Special Education Referral
IEP form: Consent for Evaluation/Reevaluation	IEP form: Consent for Evaluation/Reevaluation
IEP form: Prior Written Notice	IEP form: Prior Written Notice
Consent for Release of Information <ul style="list-style-type: none"> ● Public School Units should ensure they have consent to exchange information with the Community Low Vision Center, LVCC, ECD Consultants, and Teachers of the Visually Impaired. ● Community Low Vision Center Consent of Authorization Form 	Consent for Release of Information <ul style="list-style-type: none"> ● Public School Units should ensure they have consent to exchange information with the Community Low Vision Center, LVCC, ECD Consultants, and Teachers of the Visually Impaired. ● Community Low Vision Center Consent of Authorization Form

To submit documents or for questions, please contact the Low Vision Clinic Coordinator (LVCC), Amy Campbell, amy.campbell@dpi.nc.gov.