

**Public Schools of North Carolina  
Exceptional Children Division**

**Public School Unit  
Low Vision Device  
Request form**

The purpose of this form is to notify the Exceptional Children Division (ECD) that following a DPI sponsored mobile low vision clinic, the IEP team determined the evaluated student needs access to prescribed low vision devices for school use, which the ECD may provide at no cost or a subsidized cost. Please complete the form and submit, password protected via email, to the EC Division Low Vision Coordinator [amy.campbell@dpi.nc.gov](mailto:amy.campbell@dpi.nc.gov).

**Student Information**

Name	DOB	Grade

**Medical Information**

Name of doctor	Location of clinic	Date of evaluation

**IEP Information**

Date of evaluation results meeting	Did the team accept the recommended device(s)? (Y or N)

**Recommended device(s)**

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**LEA Information**

Public School Unit	EC Director	Is the EC Director aware of this request? (Y or N)

**Shipping address** (school or EC office)

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**Contact Information**

Name and position	Telephone	Email