



NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

Catherine Truitt, *Superintendent of Public Instruction*

www.dpi.nc.gov

Early Learning Sensory Support Program - Visual Impairment 2023/2024 Request for Services Form

Requesting LEA Information

Name of LEA: _____ LEA Contact Name: _____

LEA Contact Email: _____ LEA Contact Phone: _____ LEA Contact Fax: _____

Current # of LEA TVI &/or O&M(s) _____ on staff or through contract TVI/O&M name(s) _____

Is this request the result of an IEP Team decision? Yes No

Student Information

Child's Name: _____ DoB: _____ County: _____ Race: _____ male female

Primary Language of Child: _____ Visual Diagnosis: _____

For NEW requests, if eye report is available, how is it being provided? Sent with Request form In ECATS

Check all assessments or services requested through the IEP process. ELSSP Intake will indicate the ELSSP Decision.

Assessments Requested	ELSSP Decision	Assessment Requested	ELSSP Decision
<input type="checkbox"/> Functional Vision Assessment	_____	<input type="checkbox"/> Learning Media Assessment	_____
<input type="checkbox"/> Orientation & Mobility (O&M)	_____	<input type="checkbox"/> Other (specify): _____	_____

For assessments, date consent for evaluation(s) was signed: _____ Due date for assessments: _____

Services Requested

Frequency/Intensity

ELSSP Decision

<input type="checkbox"/> SDI for vision related goals	_____	_____
<input type="checkbox"/> Orientation & Mobility (O&M)	_____	_____
<input type="checkbox"/> Supports for School Personnel from TVI	_____	_____
<input type="checkbox"/> Supports for School Personnel from O&M Specialist	_____	_____
<input type="checkbox"/> ESY Services	_____	_____
<input type="checkbox"/> Other (specify): _____	_____	_____

Address where requested assessments or services are to take place: _____

For ongoing services, list days/hours child will attend school: _____ or check if homebound

Typed/Printed Name and Signature of EC Director _____ Date: _____

Signature of LEA Representative: _____ Date: _____

After review of current capacity, ELSSP will inform the LEA of the decision to accept or decline within 14 days of receipt.

Signature of ELSSP Lead Contact: _____ Date: _____

Email or fax requests to: Hitty.chiott@dpi.nc.gov – Fax: 984-236-8033; Phone: 984-236-2048

OFFICE OF EXCEPTIONAL CHILDREN

Dr. Carol Ann M. Hudgens, Senior Director | CarolAnn.Hudgens@dpi.nc.gov

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (984) 292-3063 Fax (919)733-1873

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