

San Diego Unified School District * VISION THERAPY OFFICE * Wiggin Center
REQUEST FOR DEVELOPMENTAL VISION ASSESSMENT

Student's Name: _____ Date: _____
 ID Number: _____ DOB: _____ School: _____
 Parent Name: _____ Phone: (____) _____
 Parent Name: _____ Phone: (____) _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____

↓ This Section Completed During Team Information Review Meeting

Medically Related Vision Issues: (Does the child wear prescription lenses consistently? Please describe any medically related vision issues and attach reports if available. Rule out other medical factors such as drug side effects)

Educational Related Goals (Current IEP goal areas that appear to be related to vision skill difficulty such as reading, writing and ability to perform school routines. Vision is an explanatory factor to observable educational performance areas of need)

Other Explanatory Factors (When considering current IEP goals, describe additional explanatory factors that may impact student performance. These factors may included, but are not limited to attention, comprehension, or motivation)

Current Student Supports (What accommodations or services are already in place to support the above mentioned student performance needs)

The following documents must be submitted with this request form:

E-mail a scanned PDF copy of complete assessment packet and PDF of the most recent IEP to vtclerk@sandi.net
 OR fax completed assessment packet to 858-573-5981

	Yes
1. Copy of Nurse' Screening and/ or any relevant Medically-Related documentation	
2. Completed copy (copies) of the "Checklist of Visual Behaviors"	
3. Copy of the most recently consented to IEP	
4. Copy of Assessment Plan with "date received" by district	

Person requesting VT services: _____ Title: _____

Case Manager: _____ Title: _____
 Print legibly

Site Administrator Printed Name: _____

Site Administrator Signature: _____

**I verify that the site educational team has discussed the student's needs and have reviewed the procedures for a Developmental Vision Assessment.*

All sections and materials noted above must be completed and sent to: Vision Therapy Office, Wiggin Center (vtclerk@sandi.net or Fax 858-573-5981). If there are any further questions regarding the IEP process and/or online IEP, please refer to the online Special Education Procedure Manual.