## **The Smokey Powell Center**



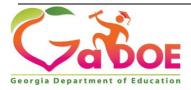


Heather Francis, Admin. Assistant <a href="mailto:hfrancis@doe.k12.ga.us">hfrancis@doe.k12.ga.us</a>

Referral Checklist for: Low Vis	sion Evaluation	(LVE)
Student Name:		DOB (m/d/yyyy):
Georgia Testing ID (10 digit):		School District:
Prior LVE?: Yes No	Location	of Evaluation:
TVI Name:	Email:	Phone
SpEd Dir. Name:	Email:	
The following is our <b>Low Vision Ev</b> Please make sure the packet is co The packet will be returned if <u>any</u> items a	mplete before subr	
1 Both the Student and TV	/I are registered wi	th the GIMC*
2 Request for Evaluation (	signed by the SpE	d Dir. on district letterhead)
3 Parental Consent for Eva	aluation (your distri	ict form)
4 Current Eye Report (within one year)		
5 Current Individualized Education Plan (IEP)		
6 Functional Vision/Learning Media Assessment		
7 Release of Information Form (page 2)		
8 Vision teacher or LSS de	esignee will attend	
		er please go to <u>www.gimc.org</u> . If you and the and edit (update) your student's information.
	ou and your student	and review the completed packet.  t. Parents are welcome and encouraged to to contact us if you have any questions or
Sincerely,		

**Smokey Powell Center** 2895 Vineville Avenue Macon, GA 31204 Phone: 478-751-6083 x3624 Fax: 866-237-5968





## Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

Leslie Jackson, Director of State Schools



## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby permit the Smokey Powell Center to release school records on:
(Name of Student)
To: The Smokey Powell Center Low Vision Optometrist
Reason for Request: Low Vision Evaluation
Records Requested: Eye Report, Functional Vision Assessment, Other reports related to vision
This information may not be transferred to any third parties nor may they have access to the
information without the written consent of the parent or eligible student.
I hereby release the administration and the staff of the above agency/institution issuing the
information from all liability and all claims of any nature whatsoever pertaining to disclosure of
this information.
Signature
Relationship
Date