

**OKLAHOMA SCHOOL FOR THE BLIND
OUTREACH SERVICES**

**PLEASE FILL OUT THIS FORM COMPLETELY AND ANSWER EACH
QUESTION.**

Are you requesting placement for the student at Oklahoma School for the Blind? Yes No

Where will the assessment be completed: (Please check one)

_____ Oklahoma School for the Blind

_____ Student's Home

_____ Student's Primary School

Reason for referral:

Student Information:

First Name: _____

Last Name: _____

Gender: _____ Date of Birth: _____

Age: _____ Race/Ethnicity: _____ Current Grade Level: _____

Parent Information:

Parent/Guardian Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number (Including area code, indicating home, work, or cell):

School Information:

School Name Student Attends: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Education Professional Information:

Special Education Director/Sooner Start Contact: _____

Phone Number: _____

Fax Number: _____

Email: _____

Vision Teacher Contact: _____

Phone Number: _____

Fax Number: _____

Email: _____

Special Education Information:

Primary Disability relating to Visual Impairment (Include physician diagnosis):

Additional Medical Diagnosis:

Does the student walk independently? _____ If not, how does the student ambulate?

Does the student use a white cane?

Yes No

Verbal Communication:

Yes No

Please list student's mode of communication:

List any speech-language needs:

Provide any additional communication information:

Health and Medical History:

Medical/Health Concerns:

Toilet Trained	Yes	No
GI Tube	Yes	No
Seizure Disorder	Yes	No
Hearing Impairment	Yes	No
Allergies	Yes	No

Please list all allergies:

Current Medications:

Does the student have any behavioral concerns? If so, please list:

Additional Medical Information:

Services available offered to student's primary school or home:

Functional Vision Assessment	Yes	No
Functional Environment Assessment	Yes	No
Orientation and Mobility	Yes	No
Visual Consultation for IEP	Yes	No

Services only available at Oklahoma School for the Blind:

Intellectual Evaluation	Yes	No
Academic Evaluation	Yes	No
Developmental Evaluation	Yes	No
Occupational Therapy	Yes	No
Physical Therapy	Yes	No
Independent Living Skills (ILS)	Yes	No
Transitional Living	Yes	No
Assistive Technology	Yes	No
Speech-Language Pathology	Yes	No
Low Vision Screening	Yes	No

Guide to Services Offered

- **Intellectual Assessment-** An assessment of the students IQ only using verbal measures by means of Wechsler or Slosson Intelligence test.
- **Academic Assessment-** An assessment of student's academic abilities using Woodcock-Johnson tests.
- **Developmental Screening-** A screening of the child's development. Depending on age of the child either the Oregon assessment or Vineland Adaptive Behavior Scales will be used.
- **Occupational Therapy-** An assessment of fine motor skill, sensory processing, visual motor and perceptual skills.
- **Physical Therapy-** An assessment of gross motor skills including strength, functional mobility, balance, and coordination.
- **Independent Living Skills (ILS) –** An informative assessment of what a child would regularly do on their own such as dressing and maintaining proper personal hygiene.
- **Transitional Living-** An evaluation and informative assessment preparing the child with work skills in grade 7th-12th. Additionally, observation skills and an interest test may be provided.
- **Assistive Technology-** An informative evaluation to determine what technologies would improve a child's performance, participation, and independence.
- **Functional Vision Assessment-** An assessment of how a child uses the vision he/she has in everyday life.
- **Functional Environment Assessment-** An assessment of how a child's educational environment affects functional use of vision.
- **Orientation and Mobility-** Instruction that involves the teaching of concepts, skills and techniques that enable a person who is blind/visually impaired to travel safely, efficiently and independently in various environments, environmental conditions and situations. The purpose of the O&M assessment is to gather information on the child's current level of concept development and performance in using his/her senses for independent travel.
- **Visual Consultation for IEP-** A representative from Oklahoma School for the Blind Outreach Services will be present for IEP meetings to provide feedback and establish goals for a student once a functional vision assessment has been completed.
- **Speech-Language Pathology-** An assessment of communication, including fluency, speech production, language, oral motor skills, and auditory processing.
- **Low Vision Screening-** Doctors and medical students from Northeastern State University School of Optometry visit Oklahoma School for the Blind Campus once a

week and offer vision screenings of child who attend or receive services from Oklahoma School for the Blind.