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):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

OSB Outreach Services-Assessment Request 4/18/17
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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Functional Vision Assessment</td>
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<td>Functional Environment Assessment</td>
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<tr>
<td>Orientation and Mobility</td>
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<tr>
<td>Visual Consultation for IEP</td>
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Services only available at Oklahoma School for the Blind:

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<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Intellectual Evaluation</td>
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<td>Academic Evaluation</td>
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<td>Developmental Evaluation</td>
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<td>Occupational Therapy</td>
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<td>Physical Therapy</td>
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<tr>
<td>Independent Living Skills (ILS)</td>
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<td>Transitional Living</td>
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<td>Assistive Technology</td>
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<td>Speech-Language Pathology</td>
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<tr>
<td>Low Vision Screening</td>
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Guide to Services Offered

- Intellectual Assessment - An assessment of the student’s 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.
- 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.