

# Referral to Itinerant Teacher for Students who are Blind or Visually Impaired

Referral Tracking Number (RTS#):

| B | R | D. | S | C | H. | Y | R. | S | T | I | D |
|---|---|----|---|---|----|---|----|---|---|---|---|
|   |   |    |   |   |    |   |    |   |   |   |   |

Student Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

To be completed by the student support services team.  
Please submit to appropriate personnel with attachments.

Recent visual assessment complete: \_\_\_\_\_ No (speak with parents to arrange referral)  
\_\_\_\_\_ Yes (please attach results)

Comments:

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist of Attachments

- ☐ Record of Interventions/Pre-Referral Form
- ☐ IEP
- ☐ First Steps Continuum (if applicable)
- ☐ Previous assessment results (if applicable)
- ☐ Other

