

# Vision Impairment Special Education Referral

## Student Information

Student Name

Date of Birth

Grade

School

Teacher

Referring Person

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## Reason for Referral

Describe the primary reason for referral

## Observed Vision Concerns

Please describe observed concerns related to vision

## Classroom Impact

How has vision affected educational performance, participation, or access?

## Accommodations/Interventions Tried

List classroom strategies or accommodations already provided

## Additional Comments