



Contact: David A. Cook, Program Director
Kevin O'Grady School
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Vision Department
Supervisor: Erin Buckley
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Request for Vision, Deaf Blind and/or Orientation and Mobility Services

Service Requested: (check one or more)

Teacher for the Blind and Visually Impaired:

This specialist will provide the initial or annual functional vision assessment, training in Braille, vision efficiency assessment and training, and consultation for classroom adaptations.

Deaf Blind Specialist:

This specialist will provide the initial or annual functional vision, hearing and communication assessment, training in Braille, augmentative communication systems, vision efficiency assessment and training, and consultation for classroom adaptations.

Orientation and Mobility Specialist **

This specialist will provide the initial Orientation and Mobility assessment, school and classroom familiarization, and indoor and outdoor travel skills.

Student Information:

Date of request: _____

Student: _____ D.O.B. _____

Parent(s): _____

Home Phone: _____

Address: _____

Name of LEA: _____

Student's School: _____

Teacher: _____

School Address: _____

School Phone: _____

IMPORTANT: The following must be included with this request for services:

- The student's most current IEP.
- The most current ophthalmologist report (can be either a low vision, functional vision report, or any eye doctor's report.) Report should be within one year.
- ** If you are requesting Orientation and Mobility services, include the most current Medical report.

Special Education Director: _____

Date: _____