Submitting a Referral
To
Rhode Island Vision Education and Services Program
(RIVESP)

We at RIVESP are striving to make our referral process as smooth as possible. As a result, we have made some changes that we hope will do just that. We are also ending our practice of district representatives.

Please follow the steps outlined below when submitting a referral.

1. Obtain a referral form by downloading it from the Paul V. Sherlock Center on Disabilities website located at www.sherlockcenter.org.

2. Complete the form and include all necessary documentation.

3. Send the completed packet to:

   Kathy Greenwell
   Paul V. Sherlock Center on Disabilities
   Rhode Island College
   600 Mount Pleasant Avenue
   Providence, Rhode Island 02908 or

4. Hand the completed packet to a RIVESP service provider (Teacher of the Visually Impaired or Orientation and Mobility Specialist) who is working in your district.
Referral for Services

Referral Date _____ / _____ / _____

Student Name: ____________________________ DOB: _____ / _____ / _____

Home Address: ___________________________________ Zip Code: ________

Home Phone: ____________________________ Cell Phone: ___________________

School: _______________________________ Phone: _______________________

Case manager: ___________________ Preferred contact: __________________

District Authorizing Agent: _________________________________________

Preferred contact: _____________________________________________

Has student/family been referred to Rhode Island Services for the Blind and
Visually Impaired? ____yes ____no ____not sure

Checklist of Items to be included in the referral packet:

1. Reason for Referral (please check)
   ___ Functional Vision Assessment       ___ TVI services
   ___ O&M Assessment                     ___ O&M services
   ___ Learning Media Assessment         ___

2. ___ Consent to Evaluate
3. ___ Eye Report from Ophthalmologist (required)
4. ___ Eye Report from Optometrist
5. ___ Guardian Release
6. ___ Current IEP
7. ___ Medical Reports
8. ___ Other reports (OT, PT, etc)

**please feel free to add any additional information

Date received ____/_____/____ by: ________