Mobile Low Vision Clinic Evaluation Checklist

The following documentation is needed for student participation in a Low Vision Clinic Evaluation. Please submit according to the time frame listed, to the Exceptional Children Division (ECD) clinic coordinator listed at the bottom of the document.

<table>
<thead>
<tr>
<th>REEVALUATION (submit documentation 4 weeks in advance of scheduled mobile clinic)</th>
<th>INITIAL REFERRAL (submit documentation as soon as possible)</th>
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<tbody>
<tr>
<td>Clinical Low Vision Evaluation (CLVE) Intake Form</td>
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</table>
| **Medical Eye Report**  
  - The eye report should document the student’s best corrected near and distance visual acuity, as well as any noted eye condition(s).  
  - Current reports (ideally within one year) are preferred, however, reports dated within three years may be acceptable depending on the student’s eye condition.  
  - Contact the Low Vision Clinic Coordinator if there is difficulty securing an eye report. | **Medical Eye Report**  
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  - Contact the Low Vision Clinic Coordinator if there is difficulty securing an eye report. |
| **IEP form: Reevaluation** | **IEP form: Special Education Referral** |
| **IEP form: Consent for Evaluation/Reevaluation** | **IEP form: Consent for Evaluation/Reevaluation** |
| **IEP form: Prior Written Notice** | **IEP form: Prior Written Notice** |
| **Consent for Release of Information**  
  - Public School Units should ensure they have consent to exchange information with the Community Low Vision Center, LVCC, ECD Consultants, and Teachers of the Visually Impaired.  
  - Community Low Vision Center Consent of Authorization Form | **Consent for Release of Information**  
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To submit documents or for questions, please contact the Low Vision Clinic Coordinator (LVCC), Amy Campbell, amy.campbell@dpi.nc.gov.

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