

Blind/Low Vision (BLV) Consultation Services Request Form

Introduction

The Michigan Department of Education Resource for Blind/Low Vision (MDE RBLV) provides guidance, training, and consultation on a variety of topics for families, students, and school districts.

A request for consultation services may be initiated by a parent/guardian, teacher, or special education administrator/designee from the local district or intermediate school district. However, the request form must be signed by all three. Before submitting a request, please review the [BLV Consultation Services Guidelines](https://bit.ly/RBLV-CS) (bit.ly/RBLV-CS).

After RBLV receives the form, a staff member will contact the requester within three business days to acknowledge receipt of the request. An education consultant will then work with those who signed the form to create an action plan for the request.

Requester Information

Name:

Address:

City:

State:

Zip:

Student District Information

District:

Address:

City:

State:

Zip:

Parent/Legal Guardian Information

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Educator Information [Include the student’s teacher(s), support staff, and administrators.]

Teacher or Teacher Consultant for the Visually Impaired (TCVI): _____

Phone Number: _____ Email: _____

Certified Orientation and Mobility Specialist (COMS): _____

Phone Number: _____ Email: _____

Special Education Administrator/Designee: _____

Phone Number: _____ Email: _____

Other: _____

Phone Number: _____ Email: _____

Consultation Topics (Choose the topic that is most relevant to your request.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Observation and Consultation | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Learning Media Assessment (LMA) | <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Functional Vision Assessment (FVA) | <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Cerebral/Cortical Visual Impairment | <input type="checkbox"/> Self-Determination | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Career Education/Transition | <input type="checkbox"/> Recreation and Leisure | <input type="checkbox"/> Early Childhood |

Other: _____

Request Description

Please describe your need for consultation. **(Do not include names of students under 18.):**

Assurance Statements

Parent/Guardian or Student Assurance Statements

- 1. I certify that I am the parent/legal guardian of the student or that I am a student of majority age (18 years or older) and have authority to sign this release.
- 2. I hereby authorize the exchange of records and reports regarding the student between the RBLV team and the student's educators.
- 3. I give permission for an RBLV consultant to provide guidance, training, and consultation for assessments to the student.
- 4. I have read the [BLV Consultation Services Guidelines](https://bit.ly/RBLV-CS) (bit.ly/RBLV-CS).

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature (if 18 or older): _____ Date: _____

District Assurance Statement

I have read the [BLV Consultation Services Guidelines](https://bit.ly/RBLV-CS) (bit.ly/RBLV-CS). I hereby agree to the request of consultation services from RBLV and the release of student information to RBLV.

Special Education Administrator/Designee Signature: _____ Date: _____

Teacher/TCVI or COMS Signature: _____ Date: _____

Please email the completed form to msdb-outreach@michigan.gov.