



Low Incidence Outreach
 702 W. Kalamazoo St.
 Lansing, MI 48915
 www.mdelio.org

Blind/Visually Impaired (BVI) Outreach Support Request Form

I. Introduction

The Michigan Department of Education, Low Incidence Outreach (MDE-LIO) assists families, students, and school districts by providing guidance, training, and support for assessments in areas related to visual impairment.

A request for support can be initiated by a parent/guardian, teacher, or special education administrator/designee from the local district or intermediate school district (ISD). However, the request form **must** be signed by all three. Before submitting a request, please review the [BVI Outreach Support Guidelines](#).

After MDE-LIO receives the form, a staff member will contact the requester within 3 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.

II. Requester Information

Name:		
Mailing Address:		
City:	State:	Zip:

III. Student Information

Student Name:		
Age:	Grade:	Gender:

IV. Student District Information

District:		
Mailing Address:		
City:	State:	Zip:

V. Parent/Legal Guardian Information

Parent/Legal Guardian Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Email:	

VI. 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 & Mobility Specialist (COMS):	
Phone Number:	Email:
Special Education Administrator/Designee:	
Phone Number:	Email:
Other:	
Phone Number:	Email:

VII. Assistance Topic

Please choose the topic below that is most relevant to your request.

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

Other:

VIII. Request Description

Please describe your need for assistance:

IX. Assurance Statements

Parent/Guardian or Student Assurance Statements

1. I certify that I am the parent/legal guardian of the above-named student or that I am a student of majority age and have authority to sign this release.
2. I hereby authorize the exchange of records and reports regarding the above-named student between the MDE-LIO team and the student's educators.
3. I give permission for an MDE-LIO consultant to provide guidance, training, and support for assessments to the above-named student.

Parent/Legal Guardian or Student Signature: _____ **Date:** _____

District Assurance Statement

I hereby agree to the request of outreach support from MDE-LIO and the release of student information to MDE-LIO.

Special Education Administrator/Designee Signature: _____ **Date:** _____

Teacher/TCVI or COMS Signature: _____ **Date:** _____

Please mail or fax the completed form to:

MDE Low Incidence Outreach
Attn: Outreach Support
P.O. Box 30742
Lansing, MI 48915

Fax: 517-335-1632