

**TEACHER FOR THE VISUALLY IMPAIRED (TVI) and ORIENTATION AND MOBILITY (O&M)  
 CONTINUATION OF SERVICE REFERRAL FORM (page 1 of 2)**

<b>Referring Person Name:</b>		<b>Position:</b>	<b>District:</b>
<b>Student/Program Name:</b>		<b>D.O.B.:</b>	<b>Date:</b>
<b>Teacher:</b>		<b>Grade/Program:</b>	
<b>Name of School: Address:</b>		<b>Parent/Guardian Name: Address:</b>	
<b>Phone Number: ( )</b>	<b>Email:</b>	<b>Home Number: ( )</b>	<b>Email:</b>
<b>Fax Number: ( )</b>		<b>Cellular Number: ( )</b>	

**\*\*\*This student is to receive these services (please circle one):**      School Year      School Year and ESY  
 We assume all students have the same density of services during ESY/non-school dates unless otherwise noted.

**Additional Student Specific Information- Case cannot begin without IEP and other necessary information/documents**

<b>Please list the referral need, areas of concern or other important information.</b>

**Requests for Services**

<b>Service provided by TVI</b>	<b>Density of Services</b> Indicate per week, per month or total	<b>Target Start Date</b>	<b>End Date</b>	<b>Member/ Non-Member Rates†</b>	
<input type="checkbox"/> Attend IEP Meeting Next Scheduled Three Year _____	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Attend TEAM Meeting	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Parent Consultation	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Student/Classroom Consultation	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Direct Service (in class setting)*	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Direct Service (other setting)*	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Professional Development Training	____ hrs/			\$118/hr / \$144/hr	
<b>Service provided by COMS</b>	<b>Density of Services</b> Indicate per week, per month or total	<b>Target Start Date</b>	<b>End Date</b>	<b>Member/ Non-Member Rates†</b>	
<input type="checkbox"/> Attend TEAM Meeting	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Parent Consultation	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Student/Classroom Consultation	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Direct Service (in class setting)*	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Direct Service (other setting)*	____ hrs/			\$118/hr / \$144/hr	
<input type="checkbox"/> Professional Development Training	____ hrs/			\$118/hr / \$144/hr	
	____ hrs/		<b>TOTAL COST</b>		

**Please provide the following applicable documents—  
 Please note that it is important to send updated IEP's, evals, etc.  
 with a continuation referral.**

- Individual Education Plan (IEP)
- Parent Consent
- Student Schedule
- Current Vision Doctor Report
- Previous Vision Assessments
- Completed Assessments/Reports

**TO BE COMPLETED BY SEEM ADMINISTRATOR**

Date Received: \_\_\_\_\_

TVI Assigned: \_\_\_\_\_

COMS Assigned: \_\_\_\_\_

\_\_\_\_\_  
 District Administrator Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 SEEM Administrator Date: \_\_\_/\_\_\_/\_\_\_

**Please note that rates are subject to change with each fiscal year, July 1.  
 You will be notified in advance of any rate changes before they take effect.**

PRICING FOR REFERRAL SERVICES

DIRECT SERVICES*	Notes	COST
<input type="checkbox"/> Conducted by Teacher for the Visually Impaired (TVI)	All direct services are provided at an hourly rate	<b>Member district:</b> \$118/ hour <b>Non-Member district:</b> \$144/hour
<input type="checkbox"/> Conducted by Certified Orientation and Mobility Specialist (COMS)	All direct services are provided at an hourly rate	<b>Member district:</b> \$118/ hour <b>Non-Member district:</b> \$144/hour

CONSULTATION	Notes	COST
<input type="checkbox"/> Consultation – by TVI Individual, student, or classroom specific; program set up, training and/or on-going or predetermined consultation	All consultation services are provided at an hourly rate	<b>Member district:</b> \$118/ hour <b>Non-Member district:</b> \$144/hour
<input type="checkbox"/> Consultation – by COMS Individual, student, or classroom specific; program set up, training and/or on-going or predetermined consultation	All consultation services are provided at an hourly rate	<b>Member district:</b> \$118/ hour <b>Non-Member district:</b> \$144/hour

\* 15 minutes of indirect planning time will be billed for every hour of direct service.

†Non-member districts will be billed for the time it takes to travel to and from SEEM and the location of services.

**Referrals expire one year from the date received unless otherwise noted.**