

TEACHER FOR THE VISUALLY IMPAIRED (TVI) and ORIENTATION AND MOBILITY (O&M) – New Referrals
SERVICE REFERRAL FORM (page 1 of 2)

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

*****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

Please list the referral need, areas of concern or other important information.

Requests for Assessments – Please check which environment is needed

Service provided by TVI or COMS	School Environment	Home Environment	Due Date	Member/ Non-Member Rates†
<input type="checkbox"/> Functional Vision Assessment/Learning Media Assessment (FVA/LMA)				\$118/hr / \$144/hr
<input type="checkbox"/> FVA with Cortical Visual Impairment Scale (CVI)				\$118/hr / \$144/hr
<input type="checkbox"/> Orientation and Mobility Assessment (O&M)				\$118/hr / \$144/hr

Requests for Services

Service provided by TVI	Density of Services Indicate per week, per month or total	Target Start Date	End Date	Member/ Non-Member Rates†
<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
Service provided by COMS	Density of Services Indicate per week, per month or total	Target Start Date	End Date	Member/ Non-Member Rates†
<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/		TOTAL COST	

**Please provide the following applicable documents--
 Please note that the case cannot be assigned until all
 supporting documents have been received.**

- 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

ASSESSMENTS	Notes	COST
<input type="checkbox"/> Functional Vision Assessment/Learning Media Assessment (FVA/LMA)	A FVA/LMA typically takes up to 8 hours to complete.	Member district: \$118/ hour Non-Member district: \$144/hour
<input type="checkbox"/> FVA with Cortical Visual Impairment Scale (CVI)	An FVA with CVI scale may take up to an additional 2-3 hours. Totaling up to 11 hours	Member district: \$118/ hour Non-Member district: \$144/hour
<input type="checkbox"/> Orientation and Mobility Assessment (O&M)	An O&M Assessment typically require up to 5 hours to complete (10 if dual environment)	Member district: \$118/ hour Non-Member district: \$144/hour

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