
REQUEST FOR SERVICES
Outreach Department

Please indicate the specific request(s) below. Once this form is received, you will be contacted about additional details which will further assist NCECBVI with the service request.

Return this form to the Outreach department by email: tarmstrong@esu4.net, or by U.S. mail:
NCECBVI, Attention: Dr. Tanya Armstrong, 824 10th Avenue, P.O. Box 129, Nebraska City, NE, 68410.

Student Name:

School District/ESU:

Service(s) requested (* see top of page 2):

Psychological Evaluation*

Mentoring for TVI

Professional Development

Transition Consultation*

Direct Service*

Teacher of the Visually Impaired (TVI)*

Certified Orientation and Mobility Specialist (COMS)*

Other (explain):

Please list the specific outcomes you would like to see as a result of your request:

***Please attach the following documents (most current), to help us better serve you:**

MDT

Eye Doctor Report(s)

IEP

Orientation and Mobility Evaluation

Functional Vision Assessment

Transition Assessment(s)

Learning Media Assessment

Low Vision Clinic Report

ECC Assessment

Other Pertinent Medical Information

Psychological Report

Other Pertinent Educational Information

Name of Person Requesting Services:

This is the person we will contact for additional information.

Position/Title:

Office Phone:

Cell Phone:

Email:

Name of Teacher of the Visually Impaired:

The TVI will automatically be contacted about the request, unless otherwise specified.

Office Phone:

Cell Phone:

Email:

Name of Person to Receive Invoice:

Office Phone:

Email:

Billing Address (Street/P.O. Box, City, Zip):

Signature:

This is the person who authorizes the service request and billing.

Date:

Financial Agreement: The undersigned person, as a representative of the school district, authorizes services and agrees the school district is financially responsible for all charges incurred for services rendered by the Nebraska Center for the Education of Children who are Blind or Visually Impaired in accordance with the rates approved by the Nebraska Department of Education for the current school year. It is understood that all costs are considered allowable for special education reimbursement purposes.

Complete this page
ONLY if requesting Psychological Evaluation, Transition Consultation, or Direct Service

Student Name:

Date of Birth:

Age:

Gender: Female Male

Grade:

School Building:

Include the appropriate grade level (elementary, middle school, high school, transition program, or other)

School Address (Street/P.O. Box, City, Zip):

School Principal

Name:

Email:

Phone Number:

Administrator for Special Education

Name:

Email:

Phone Number:

Following an evaluation or consultation, any reports will be emailed to the person making the request for this service, teacher of the visually impaired, school principal, and administrator for special education. If there are additional staff members who should receive a copy of any reports, please indicate below:

Name:

Position/Title:

Email:

Name:

Position/Title:

Email:

Complete this page
ONLY if requesting Psychological Evaluation, Transition Consultation, or Direct Service

PARENTAL CONSENT (Please complete if you agree):

I have received a copy of the notice of this proposed evaluation and/or service, understand the content of this notice and **give consent** for the evaluation and services specified in this notice. I understand this consent is voluntary and may be revoked at any time.

I **give consent** for photographs and videos to be taken of my child during services performed by NCECBVI to facilitate appropriate educational assessments, consultation, services, and program planning.

Parent/Guardian Signature:

Date:

Parents of children with a disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of these "Parental Rights in Special Education" can be obtained from the following website: www.education.ne.gov. You should read this information carefully and if you have any questions regarding your rights, you may contact Sally Schreiner, NCECBVI Campus Administrator, at 402-873-5513 or 800-826-4355. You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the Nebraska Department of Education Regional Offices: Lincoln (402-471-2471), Omaha (402-595-2177), Educational Service Unit 4 (402-274-4354).

PERMISSION FOR RELEASE OF CONFIDENTIAL INFORMATION (Please complete if you agree):

I (parent/guardian name):

parent/guardian of (student's name here):

give my permission to release the following information concerning this child:

Psychological Information

Educational Information

Medical Information

Other:

Parent/Guardian Signature:

Date:

Complete this page
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PARENT CONTACT INFORMATION

Parent/Guardian Name(s):

Mailing Address (Street/P.O. Box):

City:

State:

Zip:

Preferred Email Address:

Preferred Phone (include area code):

PARENT PERMISSIONS

I give permission for my contact information to be added to the **mailing database** and understand I may receive information from NCECBVI periodically in the U.S. mail.

I give permission for my contact information to be added to the **email database(s)** and understand I may receive information electronically from NCECBVI periodically.

Parent/Guardian Signature:

Date:

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