Request for Student Consultation

This form must be completed by school district, ECI or other program staff.

The Texas School for the Blind & Visually Impaired Outreach Programs are pleased to work with school and ECI programs to support positive student outcomes. Consultation typically involves working with a student’s entire educational team to implement effective educational practices. We look forward to working with you in this dynamic and collaborative process!

Date of Request:

School Coordination Information
Consultation initiated by:
Title:
Address:
City, State, Zip:
Work phone:
Cell phone:
Fax:
Email:

Family Information
Parent/Guardian name:
Address:
City, State, Zip:
Phone number:
Email:
**Student Information**

Student name:  
Date of birth:  
ESC Region:  
ISD/Co-op/Agency:  
School District (if different):  
Campus:  
Grade/educational placement:  

Date of most recent:  
  a. Eye medical report _____  
  b. Audiolgical report _____  
  c. Functional vision evaluation: _____  
  d. Learning media assessment: _____  
  e. Orientation and mobility screening or evaluation: _____

Additional information about the student’s visual impairment:  
Additional information about the student’s hearing impairment:  

Have you already been in contact with one of our staff members regarding this student?  
  ☐ Yes  
  ☐ No  
If yes, whom:  

**Primary Reason(s) for Consultation Request**

In order for us to better prepare for this consultation, please identify the area(s) of concern prompting this request:  
  ☐ Assistive Technology  
  ☐ Motor Issues  
  ☐ Behavior  
  ☐ Orientation and Mobility  
  ☐ Calendar System  
  ☐ Personal Care  
  ☐ Communication  
  ☐ Social Skills  
  ☐ Transition  
  ☐ Literacy  
  ☐ Other:
**Other Information**

1. Can you give examples of specific issues related to your concerns? For example, the student is in algebra class and we are having problems adapting the program so it is fully accessible to him. (Please be as detailed as possible.)

2. What have you tried to address this issue?

3. What has worked?

4. What hasn’t worked?

5. Please share other related information you think we should know:

6. What do you want to happen as a result of the consultation process?

**Submitting the Request**

Please email this form to Outreach@tsbvi.edu or fax it to 512-206-9320 or mail it to Miriam Miramontes, TSBVI Outreach Programs, 1100 W. 45th St., Austin, TX 78756.