Submitting a Referral  
To  
Rhode Island Vision Education and Services Program  
(RIVESP)

We at RIVESP are striving to make our referral process as smooth as possible. As a result, we have made some changes that we hope will do just that. We are also ending our practice of district representatives.

Please follow the steps outlined below when submitting a referral.

1. Obtain a referral form by downloading it from the Paul V. Sherlock Center on Disabilities website located at www.sherlockcenter.org.

2. Complete the form and include all necessary documentation.

3. Send the completed packet to:

   Kathy Greenwell  
   Paul V. Sherlock Center on Disabilities  
   Rhode Island College  
   600 Mount Pleasant Avenue  
   Providence, Rhode Island 02908 or

4. Hand the completed packet to a RIVESP service provider (Teacher of the Visually Impaired or Orientation and Mobility Specialist) who is working in your district.
Referral for Services

Referral Date _____/_____/_____

Student Name: ______________________________ DOB:____/_____/_____

Home Address: ___________________________________ Zip Code: ________

Home Phone: ______________________ Cell Phone: ___________________

School: _________________________________ Phone: _________________

Case manager: ___________________ Preferred contact: _________________

District Authorizing Agent: ___________________________________________

Preferred contact: ________________________________________________

Has student/family been referred to Rhode Island Services for the Blind and Visually Impaired? ____yes ____no ____not sure

Checklist of Items to be included in the referral packet:

1. Reason for Referral (please check)
   ___ Functional Vision Assessment     ___ TVI services
   ___ O&M Assessment                 ___ O&M services
   ___ Learning Media Assessment

2. ___ Consent to Evaluate
3. ___ Eye Report from Ophthalmologist (required)
4. ___ Eye Report from Optometrist
5. ___ Guardian Release
6. ___ Current IEP
7. ___ Medical Reports
8. ___ Other reports (OT, PT, etc)

**please feel free to add any additional information

Date received ____/_____/_____ by: ________