

INDIANA SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED

OUTREACH AND RELATED SERVICES

7725 N. College Avenue

Indianapolis, IN 46240

Phone: (317) 253-1481 **Fax:** (317) 259-4945

isbvioutreachdirector@gmail.com



REQUEST FOR ISBVI SERVICES – ORIENTATION AND MOBILITY

LOCAL EDUCATIONAL AGENCY: _____

SPECIAL EDUCATION DIRECTOR: _____

AGENCY ADDRESS: _____

AGENCY PHONE/FAX NUMBERS: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Please indicate the specific O&M/Travel Concerns: _____

Desired amount of services: _____

***Fee for O&M services is \$125/hr. portal to portal. Invoices are mailed to LEA quarterly.**

LEA – Director of Special Education or Program supervisor (Signature) Date Signed

Teacher of Blind/Low Vision Students (Signature) Date Signed

Parent/guardian Signature below indicates consent for participation of ISBVI representative(s) in the services specified above and permission for release / exchange of medical and educational information specific to requested services.

Parent/Guardian (Signature) Date Signed

Parent/Guardian Email Address

Date request received	_____	<i>Office Use Only</i>
Date of contact	_____	
Date of service	_____	
Date report completed	_____	
Date report sent	_____	<input type="checkbox"/> mail <input type="checkbox"/> fax
<input type="checkbox"/> email		