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1. The teacher and/or parent/guardian/caregiver make a referral to the Student Study Team (SST). Notify the VI Program (510) 307-4642; email address: [tchow@wccusd.net](mailto:tchow@wccusd.net). This is a .
2. The VI Program immediately provides a VI Referral Packet to SST for completion. This packet will include:
  - (a) Authorization of Release of Information from the ophthalmologist or optometrist, for the parent to sign.
  - (b) A checklist/questionnaire for the classroom teacher to fill out regarding the student's vision and vision use
  - (c) A questionnaire for the parent to fill out regarding the student's vision and vision use.

The completed VI Referral Packet is to be returned to the VI Program, located at Room C213, Pinole Valley High School upon receipt by the SST. When the Authorization of Release of Information is signed by parent, the formal referral begins.

3. Within 15 days of the date the Authorization of Release of Information:
  - If VI is the ONLY suspected disability, the VI Program will develop an Assessment Plan and send it to the parent for signature.
  - If student has multiple disabilities, the Psychologist or an SST personnel will develop an Assessment Plan for the entire team, and provide it to the parent for signature.
4. Following the return of the signed Assessment Plan, a TVI and/or an O&M staff will conduct their assessments within 60 days.

5. An IEP meeting will be held at the designated site to determine eligibility for Special Education, including VI and/or O&M. The recommended services will be indicated on the IEP and a case manager assigned.

(B)

1. Notify the VI program (510-307-4642); email address: tchow@wccusd.net . This is a .
2. The VI Program immediately provides the Case Manager a VI Referral Packet to complete. This packet will include:
  - (a) Authorization of Release of Information for the parent to sign.
  - (b) A checklist/questionnaire for the teacher to fill out regarding the student's vision and vision use
  - (c) A questionnaire for the parent to fill out regarding the student's vision and vision use.

The completed VI Referral Packet should be returned to the VI Program at Room C213, Pinole Valley High School, upon receipt by the Case Manager. When the Authorization of Release of Information is signed by parent, the formal referral begins.

3. Within 15 days of the date the Authorization of Release, the VI Program will develop an Assessment Plan and send it to the Case Manager, who will send home for parental signature.
4. Following the return of the signed Assessment Plan, a TVI and/or O&M staff will conduct the assessments within 60 days.
5. An IEP meeting will be held to review the Assessment Summary and Recommendations for eligibility.
6. If the student is found to be eligible, the TVI and/or O&M Specialist will become regular members of the student's IEP Team and should be contacted by the Case Manager whenever an IEP meeting for the student is being scheduled.

For students who are transferred from another district, and who already have eligibility under Visual Impairment and/or Orientation and Mobility services in their IEP, the Case Manager will notify the VI department of the new student by phone 510-307-4642 or email: [tchow@wccusd.net](mailto:tchow@wccusd.net). A VI department representative will attend the 30 day placement IEP.

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