Low Vision Evaluation Checklist
The Smokey Powell Assistive Technology Center
Georgia Academy for the Blind

Student Name: ____________________________

School System: ____________________________

TVI Name: ____________________________

Contact Number: __________ Email: __________

Thank you for your interest in the Smokey Powell Assistive Technology Center. The following is a Low Vision Assessment checklist of all items needed to complete the referral packet.

___ Request for Evaluation signed by your director of special education (This can be in the form of a letter)
___ Parental Consent for Evaluation (from your school system)
___ Current Eye Report (within one year)
___ Functional Vision Assessment
___ Release of records form found on the Smokey Powell Website
___ Vision teacher or LEA representative will attend

You will be contacted for scheduling when the packet is received. I look forward to working with you and your student. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Pam Zipperer Joiner, Program Manager
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