



ACCESS TO LEARNING LOW VISION CLINIC
TVI Checklist for Low Vision Clinic

Name of Child: _____

Date of Birth: _____

Address: _____

Day Telephone number: _____

Date of clinic: _____ Location of clinic: _____

Four Weeks Before Clinic:

*Send the **most current** reports and the **completed** forms to: NMSBVI, Attn: Low Vision Clinic, 801 Stephen Moody Street SE, Albuquerque, NM 87123. Fax: 505-271-3073*

- | | |
|---|--|
| <input type="checkbox"/> Learning Media Assessment | <input type="checkbox"/> Functional Vision Evaluation |
| <input type="checkbox"/> Eye Care Report | <input type="checkbox"/> Assistive Tech Report, if available |
| <input type="checkbox"/> Teacher Pre-Exam Form | <input type="checkbox"/> O&M Evaluation, if available |
| <input type="checkbox"/> Parent/Guardian and Student Pre-Exam Forms | <input type="checkbox"/> Low Vision Clinic Consent Form |
| <input type="checkbox"/> Photograph Consent Form | <input type="checkbox"/> Notice of Privacy Practices |

Two Weeks Before Clinic:

Confirm time and date of your student's appointments with Parent/Guardian.

Confirm transportation for student and parent/guardian. Provide map to the clinic and phone number for the day of clinic, if needed.

Two Days Before Clinic:

Confirm the appointment arrangements with parent/guardian.

Notify Low Vision Clinic at (575) 415-6044 immediately if there is a cancellation.

Day of the Clinic Responsibilities

Attend the clinic with the family and student

Bring appropriate materials (books, worksheets)

Assist student and family members during clinic

Schedule follow-up instruction with Low Vision Clinic Coordinator

Communicate follow-up training plan with student and parent/guardian

After the Clinic

Write goals for prescribed devices

Schedule IEP to implement Low Vision plan

Provide training on devices (request assistance from LVC Team if needed)

Provide immediate follow-up on purchase of devices, if needed (request resource and price information from LVC Team as needed).