



CVI Assessment Intake Form

Student Name: _____ **Date of Birth:** _____

Parent(s) / Guardian(s):

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about Perkins? _____

Student Information Essential to Assessment (Required):

Ocular Diagnosis: _____

Neurological/Cortical Diagnosis: _____

Other (i.e., autism, genetic disorder, significant birth history, etc.): _____

Please submit the following required background documents:

- Eye doctor report
- Neurology report and MRI report (if available)
- Psychology report (if available)
- Current IEP / IFSP
- Report from Teacher of Students with Visual Impairment (TVI) (e.g., functional vision report, learning media assessment, and/or annual report)
- Video(s) of student

Assessment Payment:

Cost: \$1,200.00

Payment Options (please select one):

Private Pay: _____ School Funded: _____

If school funded, please provide contact information below to set up billing. If private pay, you can leave below blank.

School Contact:

Name and Title: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please return this form with the requested background documents

Mail: Evaluations Department
Perkins School for the Blind
175 North Beacon Street
Watertown, MA 02472

Or Email: Evaluations@Perkins.org

If you have any questions, please contact us at (617) 972-7573