



## Cortical/Cerebral Visual Impairment (CVI) Educational 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](mailto:Evaluations@Perkins.org)

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