

The Provincial Resource Centre for the Visually Impaired (PRCVI) loans alternate format instructional materials to BC School Districts and Group I or II Independent Schools who support students with visual impairments/blindness. In order to be eligible for vision resource services from PRCVI, students must meet one or more of the following criteria as documented in a clinical eye report:

- a visual acuity of 6/21 (20/70) or less in the better eye after correction;
- a visual field of 20 degrees or less;
- any progressive eye disease with a prognosis of becoming one of the above in the next few years; or
- an uncorrectable visual problem or reduced visual stamina such that the student functions as if his/her visual acuity is limited to 6/21 or less.

**Please complete ALL Sections of the Referral for Eligibility of Vision Resources form (Part 1) and enclose a recent clinical eye report. PRCVI will consider this application for registration upon receipt of the Certification of Eligibility for Vision Resources form (Part 2). PRCVI Media Consent form (Part 3) is included in this package.**

**A: Student Information**

Child / Student Name (Last, First): \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate (yyyy / mm / dd): \_\_\_\_\_

Child / Student Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Eye Condition: \_\_\_\_\_

Visual Acuity: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_ Visual Field Loss: Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Eye Report**

**Attach a clinical eye report, dated within the last two years. Please note applications submitted without an eye report will not be considered.**

**C. Authorization for Release of Information**

I / We hereby request that the information on these forms and the attached eye report be released to the Provincial Resource Centre for the Visually Impaired (PRCVI), Teacher of Students with Visual Impairments and the BC School District or Independent School the child / student plans to enroll in or is currently attending.

Child / Student Name (print): \_\_\_\_\_

Parent / Guardian Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Signed at (location): \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**D. Referral Submitted By:**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vision Teacher Contacted: Yes \_\_\_\_\_ No \_\_\_\_\_

***This Certificate of Eligibility for Vision Resources form (Part 2) should be submitted along with the Referral for Eligibility of Vision Resources form (Part 1) and a clinical eye report, dated within the last two years.***

**E. School / District Information**

Child / Student Name: \_\_\_\_\_

PEN: \_\_\_\_\_ Special Needs Category: \_\_\_\_\_

District No.: \_\_\_\_\_ District Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Shipping Address:** Complete only if materials should be shipped to an alternate location (not the student's school)

School Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Required Format: Braille \_\_\_\_\_ E-text \_\_\_\_\_ Large Print \_\_\_\_\_ Other \_\_\_\_\_

Teacher of the Visually Impaired Name: \_\_\_\_\_

Teacher of the Visually Impaired Signature: \_\_\_\_\_

**F. District Authorization:**

***This section must be signed by the School District Superintendent or designate or the designated authority of an Independent School.***

Administrator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRCVI USE ONLY:**

APPROVAL BY : (print name) \_\_\_\_\_

(signature) \_\_\_\_\_

DATE: \_\_\_\_\_



Accessible Resource Centre– British Columbia (ARC-BC)

Provincial Resource Centre for the Visually Impaired (PRCVI)

Special Education Technology – British Columbia (SET-BC)

105/106 – 1750 West 75 Avenue, Vancouver, BC V6P 6G2

Phone: 604-266-3699 Fax 604-261-0778

### **Consent for Use of Media and/or Student Materials (Part 3)**

I grant permission for the programs named above, ARC-BC, PRCVI and SET-BC to take and/or use photographs and/or videos of my child and use my child's materials for publications such as resource guides, brochures, information or training on the ARC-BC PRCVI or SET-BC website ([www.arcbc.org](http://www.arcbc.org) or [www.prcvi.org](http://www.prcvi.org) or [www.setbc.org](http://www.setbc.org) ) and presentations in educational workshops, conferences, blogs, social media networks and Youtube.

Student's Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_