

**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
ASSESSMENT FOR VISUALLY IMPAIRED STUDENTS (TO BE
COMPLETED BY VISUALLY IMPAIRED SPECIALIST)**

Name:			School:		
Date of Birth (yyyy-mm-dd):			<input type="text"/>	<input type="text"/>	<input type="text"/>
			Age: (As of Sept. 1):		
Parent/Guardian					
Address:					
Telephone:					
Summary of Visual Report and Recommendations of Visually Impaired Specialists:					
Summary of Program Needs from Visually Impaired Specialists:					
Recommendations of School Personnel:					
Statement of IPRC:					

Note: Attach Relevant Reports

Completed by: _____