

**Visual Impairment Inclusion Support Service**

**Hazelwood School**

50 Dumbreck Court

Glasgow G41 5DQ

**Phone 0141 427 9334**

Fax 0141 427 2859

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| **Visual Impairment Inclusion Support Service Referral Form** |
| **Referral Details**  |
| Name of person making referral: |  |
| Date of referral: |  |
| Name of organisation or relationship to child/young person: |  |
| Contact details: |  |
| **Child/Young person details**  |
| Name: |  |
| DoB: |  |
| Address. |  |  Tel no: |  |
| School: |  |  Tel no: |  |
| Eye condition:  |  |
| Ophthalmologist:CHI number (If known) |  |
| Details of how eye condition impacts on access to education: |  |
| Details of any other factors impacting access to education e.g. ASD, Dyslexia, Cerebral Palsy, English as an Additional Language |  |
| Parent/carer’s permission for VI Teacher to seek information from hospital regarding child’s vision. | Signature ……………………………………………………… |
| **For VIISS Use Only**  |
| Date referral received:  |  |
| Teacher Assigned: |  |
| Date of initial assessment:  |  |

Please return to the address at the top of the form or e mail to Headteacher@hazelwood.glasgow.sch.uk