



# Blind & Vision Rehabilitation Services of Pittsburgh

## Referral Form

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

\*Bureau of Services for the Visually Impaired Counselor's Name: \_\_\_\_\_

\*All applicants must be eligible for services with the Office of Vocational Rehabilitation/Bureau of Blindness & Visual Services (OVR/BBVS) in order to attend this program.

Name of Student: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cause of Blindness: \_\_\_\_\_

Visual Acuity: \_\_\_\_\_

Other Functional Disabilities: \_\_\_\_\_

Does student travel independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Does student use cane? Yes \_\_\_\_\_ No \_\_\_\_\_

Does student use optical aids? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Preferred Correspondence Method:

Large print Yes \_\_\_\_\_ No \_\_\_\_\_

Audio Yes \_\_\_\_\_ No \_\_\_\_\_

Braille Yes \_\_\_\_\_ No \_\_\_\_\_

Please rate student in the following areas:

Grooming Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Eating Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Organization Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Bed making Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Laundry Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Study habits Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Academic skills Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_ Very Poor \_\_\_\_\_

Does student have any job experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What are the student's vocational interests? \_\_\_\_\_

OVR/BBVS Counselor's Signature: \_\_\_\_\_

Office/County: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please return this completed form to:** Bonnie Rizzino  
Blind & Vision Rehab Services  
1816 Locust Street  
Pittsburgh, PA 15219