

# Arkansas School for the Blind & Visually Impaired

## Birth to Three Program Referral Form

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2600 W. Markham St. Little Rock, AR 72205

Fax: 501.663.3536

First \_\_\_\_\_ Middle Initial \_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Language Spoken at home: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ School District: \_\_\_\_\_

Ethnic Code (Circle One) Black, Asian, Indian, White, Hispanic, Other: \_\_\_\_\_ Gender: M / F

School/Center Child Attends: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person at Center: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### Parent/Guardian 2

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Lives with: \_\_\_\_\_

Visual Diagnosis: \_\_\_\_\_

Eye Clinic/Doctor: \_\_\_\_\_

Other Diagnoses: \_\_\_\_\_

Person making referral: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**Arkansas School for the Blind and Visually Impaired  
Birth to Three Program**

2600 W. Markham St. Little Rock, AR 72205/ Phone: 501.296.1810

**MEMORANDUM**

**TO:**

**FROM:** Shelli Hardman and/or Cary Smith

Arkansas School for the Blind and Visually Impaired  
PO Box 668  
2600 West Markham St.  
Little Rock, Arkansas 72205

**DATE:**

**SUBJECT: Medical/Visual Information**

In order to provide services to the child named below, visual information is needed. We would very much appreciate a written letter providing:

**Diagnosis  
Visual Acuity (or estimation)  
Statement of legal blindness (MDB vs. FDB)**

Your cooperation is greatly appreciated in this manner.

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**PARENTAL PERMISSION**

I hereby give my permission for the release of medical information regarding \_\_\_\_\_,  
to the Arkansas School for The Blind and Visually Impaired.

**Child's Name:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

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