



D/HH & B/VI Student Services Referral Steps

We're excited to meet your students and help them with all their deaf/hard-of-hearing or blind/visually-impaired needs! The new, streamlined referral process you see below will make your life simpler and ensure that your students can get the help they need with minimal delay.

If you have any questions about the new referral process, please call us at 651-415-5546 or email DHHBVI@916schools.org.

Step 1: Fill out the Student Services Referral Form (be sure to sign and date the form)

Step 2: Gather all pertaining materials and prepare to submit simultaneously with student referral form to expedite the review process.

- (a) Current IEP or IFSP
- (b) Current evaluation
- (c) B/VI=Ophthalmology Report (Current within one year) (If applicable)
- (d) D/HH = Audiology Report (Current within one year) (If applicable)

Step 3: Submit all paperwork one of the following ways:

1. Fax: 651-415-5509
2. Email: DHHBVI@916schools.org

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Deaf/Hard of Hearing & Blind/Visually Impaired Services
Northeast Metro 916 Intermediate School District
Quora Education Center
70 West County Road B2
Little Canada, MN 55112
Phone 651-415-5546
Fax 651-415-5509

Student Services Referral Form

Deaf/Hard Hearing & Blind/Visually Impaired Services

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Student Name	Date of Birth	Male	Female
Student Resides with: Both parents mother father	MARSS #		
group home foster parent other	Serving District		
Head of household	School		Grade
Address	Public Non-Public		
City State Zip	Is this student a ward of the state?	Yes	No
Telephone			

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Name of Parent or Legal Guardian

Address	City	State	Zip
Telephone (H)	(W)		

Resident/Legal District (where parent or legal guardian resides)

Special considerations for parent/legal guardian communication

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Person originating the referral	Parent permission to initiate this referral was obtained	Yes	No
Telephone (W)	Date permission granted by parents		
Contact/IEP Manager	Telephone	Email	
Does the student currently meet eligibility requirements for special education?	Yes	No	Primary Disability?

Reason for referral:

Medical Documentation that is needed to determine services to support this referral have been obtained from parents. Yes No

D/HH & BVI Services Itinerant Service Requested	
Blind/Visually Impaired Services	Deaf/Hard of Hearing Services
<input type="checkbox"/> Blind/VI Teacher	<input type="checkbox"/> D/HH Teacher
<input type="checkbox"/> Orientation & Mobility Specialist	<input type="checkbox"/> Captionist*
<input type="checkbox"/> Intervener*	<input type="checkbox"/> Interpreter/Transliterators/Notetaker*
<input type="checkbox"/> Blind/Visually Impaired Education Assistant*	<input type="checkbox"/> Signing Educational Assistant*
* non-licensed	

Additional Information

Serving District Authorized Signature
The serving District of the contracted services is responsible for obtaining permission to assess an itinerant student and explaining parent's rights, and shall conduct any conciliation meetings due process hearings, or appeals

Director of Special Education Date