

**Parent / Guardian Low Vision Evaluation Clinic Letter
KanLovKids Program**

DATE: _____

Dear Parent or Guardian:

Your child is scheduled for a Low Vision Evaluation on _____ (appointment time will be arranged with you at least a week before the date of the clinic). The Low Vision Clinic will be held at the _____ (room/address of clinic).

I am looking forward to meeting with you and your child at the low vision clinic. As an optometrist who concentrates on pediatric vision rehabilitation, I am interested in helping children and teenagers with low vision learn how to use their vision in an efficient manner. Your child's teacher of students with visual impairments (TVI) has suggested that your son or daughter participate in the Kansas Lions Statewide Low Vision Program (KanLovKids). This clinic is implemented by the Kansas State School for the Blind and is partially funded by the Kansas Lions Sight Foundation, and the participating school district/service agency.

For many years, optical devices – magnifiers, specialty eyeglasses, small telescopes, and other lenses, have been used to help children with low vision to read regular print books and whiteboards. Children also may be able to see other objects, such as street signs, paper menus, and newspapers. While your child's teacher may be encouraging him or her to use regular print books and materials throughout the upcoming year, this program will not stop your child from receiving large type books or other services that s/he would have received this year.

Many children who have received low vision services have become visually independent in their classrooms, while others have been able to extend their visual functioning for specific tasks, e.g. seeing sports at a distance.

In order for your child to participate in this clinic, several documents need to be completed.

Please return the forms listed below to _____ by _____ :

- Report of child's latest (within 3 years) medical eye examination;
- Consent Form;
- Impact of Vision Impairment for Children (IV-C);
- Impact of Vision Impairment Profile (IVI); and
- Contact Information Form.

Your TVI will share a copy of the information above and your child's Functional Vision Evaluation, Learning Media Assessment, Orientation and Mobility Evaluation, and any previous Low Vision Evaluations with me, and KanLovKid Program coordinator, Anne Nielsen, Kansas State School for the Blind.

Sincerely,

Doctor's Name: _____

Call _____ at _____, if you cannot keep this appointment or if you have any questions. Please call at least 24 hours in advance. Thank you!