Observation Sign-In Sheet KanLovKids Program

Date:_	Child/Student's Nar	ne:
individ parent	duals who request permission, or who are	et (KanLovKids) supports the educational goals of asked to attend the low vision evaluation by the ing a low vision evaluation will be referred to as
Goals •	To introduce a visitor(s) to the comp	conents of a low vision evaluation. enefits of a comprehensive low vision
Observed. I unde everyti	Student who are Visually Impaired) or Mobility Specialists), Members of the child/student's IFSP or Members of the LIONS clubs, who fun Other categories, such as health care addemonstrate convincing reasons why arrstand that all information shared about n	d and support the KanLovKids Program. ministrators, medical students, etc. who observational period should be granted. ny child will be kept confidential and that ey. Finally, I understand that this form will be
Signat	ure of Parent/Guardian	Date
	Sign-	In Sheet
	Name (Please Print)	Relationship/Position