Observation Sign-In Sheet
KanLovKids Program

Date:_____ Child/Student's Name: _____

The Kansas Lions Statewide Low Vision Project (KanLovKids) supports the educational goals of individuals who request permission, or who are asked to attend the low vision evaluation by the parent(s)/guardian or client. Individuals observing a low vision evaluation will be referred to as "visitor(s)" for the remainder of this document.

Goals:

- To introduce a visitor(s) to the components of a low vision evaluation.
- To educate the visitor(s) about the benefits of a comprehensive low vision evaluation.

Guidelines for Participation:
Observational periods will be granted to:

- University students in training at the University of Nebraska- Lincoln (Teachers of Student who are Visually Impaired) or Texas Tech University (Certified Orientation and Mobility Specialists),
- Members of the child/student's IFSP or IEP team,
- Members of the LIONS clubs, who fund and support the KanLovKids Program.
- Other categories, such as health care administrators, medical students, etc. who demonstrate convincing reasons why an observational period should be granted.

I understand that all information shared about my child will be kept confidential and that everything will be done to protect his/her privacy. Finally, I understand that this form will be returned to the Kansas State School for the Blind.

_____ _____
Signature of Parent/Guardian Date

Sign-In Sheet

Name (Please Print)	**Relationship/Position**