ALABAMA INSTITUTE FOR DEAF AND BLIND
1209 Fort Lashley Avenue
Talladega, AL 35160
Telephone: 256-761-3274 Fax: 256-761-3639

APPLICATION FOR OUTREACH SERVICES

INFORMATION RELATED TO CHILD:

1. Name _____
   LAST FIRST MIDDLE
2. Preferred Name _____
3. Sex _____ 4. Birth Date _____ 5. Race _____ 6. Grade _____
7. Parent's Name _____
8. Address _____
   STREET CITY COUNTY STATE ZIP
9. Parent's Phone Numbers: Home Number: _____

   Work Number: _____ Cell Number:_____
10. Parent's Email Address: _____
11. Person/agency who referred child: _____Contact Number:_____
12. How does the child communicate? Orally___ Manually____ Both ____ ESL_____
13. What is the child's native language:_____

APPLICANT'S HISTORY OF SCHOOL ATTENDANCE

1. Name of school now attending _____ Date Admitted _____

   Address _____
2. Type of program: (Indicate if full-time; if part-time, indicate number of hours per week)

_____

INFORMATION RELATED TO HEARING LOSS AND/OR VISION LOSS:

Vision Loss

1. Was the child born visually impaired? Yes _____ No _____

2. If not, at what age did impairment occur? _____

3. Cause of visual impairment if known: _____

4. Has the child been examined by an ophthalmologist (M.D.)? _____

5. Who performed the examination? _____

6. When was the last examination? _____

7. Vision diagnosis: _____

8. Have any operations been performed on the eyes? Yes _____ No _____
   (a) What kind? _____ (b) By Whom? _____

   (c) Where? _____ (d) Date _____

9. Does the child wear glasses?_____

Hearing Loss:

1. Was the child born with a hearing loss? Yes _____ No _____

2. If not, at what age did hearing loss develop? _____

3. Cause of hearing loss, if known: _____

4. Date of last hearing test: _____ Where? _____

5. Have any operations been performed on the ears? Yes _____ No _____

   (a) What kind? _____ (b) By Whom? _____

   (c) Where? _____ (d) Date _____

6. Does child use a hearing aid? ___ At what age did the child first wear aid? _____

7. Does the child have a cochlear implant?_____ Year implanted:_____

8. Does the child have a bone anchored hearing aid (BAHA)?____ Year implanted____

ADDITIONAL DISABILITIES_____

I understand records obtained from various sources (educational and medical) may be summarized into an evaluative report that will be provided to the school system and parents for the purpose of assisting with curriculum planning. I certify that the answers to the above questions are true and correct.

Date: _____ SIGNED: _____

Parent or Legal Guardian