



Alabama Institute
for Deaf and Blind

Deaf. Blind. Limitless.

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