



Education Service Center, Region 2
CENTER FOR TEACHING AND LEARNING
Program for the Visually Impaired

<input type="checkbox"/> On-site Visit
<input type="checkbox"/> Ed Prep/VI
<input type="checkbox"/> O&M
<input type="checkbox"/> Other

Student: _____ Date: _____
Teacher/Class: _____ Time: _____ to _____
District/Campus: _____ Consulting Teacher: _____

Purpose:

Observation:

Recommendation/Comments:

Student Signature: _____

Progress Report(s) Received By:

Teacher Signature: _____

VI/COMS Signature: _____