

**LOUISIANA TECH UNIVERSITY**  
CENTER FOR REHABILITATION ENGINEERING,  
SCIENCE & TECHNOLOGY  
Blind/Low Vision Services Form

In order for our facility to provide the best possible services to your consumer, it is important for us to have complete information. Our referral information requirements are listed below. All of these forms will be provided by the Center.

**Referral Procedure for Blind/Low Vision Consumers:**

- 1) Completed Consumer Referral Form and History/Current Status Form
- 2) Blind/Low vision service(s) required (please be specific)  
 ADL                                       Workplace Modification/Training                                       Computer Access  
 Home Assessment
- If Home Assessment, does consumer own  or rent
- 3) Consumer Is:  
 In School                                       Working                                       In Training Facility  
 Seeking Employment
- 4) Relevant consumer case file information from the previous 12 months (case entries, comprehensive assessments; vocational evaluations, recent medical summary, etc.)
- 5) Counselor is recommended to make initial client visit with the evaluator.  
I prefer to attend:  Yes                       No
- 6) Attach other information you feel would be helpful to our evaluation.

If training or equipment is needed, please list details below (if known):

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Please attach to **Consumer Referral Form** and mail completed packet to:

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Ruston, LA 71270  
(318) 257-4562  
[joelf@latech.edu](mailto:joelf@latech.edu)