

SCHOOL REFERRAL FORM

Please read the referral criteria in the booklet about the service sent to your school. If the visual acuity is not known, the visual condition is undiagnosed and/or the pupil has never been to an optician please ask the parents to take the pupil to an optician first.

Pupil Name:	
Date of Birth/Year Group:	
School Address:	
School tel no. and email address	
Home Address and telephone no.	
SENCO	
Visual Acuity (latest recorded on 10bm):	
Diagnosed visual Condition	
Other Special Needs/Professionals Involved	
Stage of Code of Practice	
Parental Permission/Comments (a separate form will be given to the parents for permission to contact medical personnel):	
Name of eye specialist and hospital, and date of last appointment	
Name of person making referral (person signing below)	

Signed:

Date:

Please return this form to:
Frances Stimpson, Head of Visual Impairment Service, at the address below.

Wilton Rooms Wilton Middle School The Hollows Wilton Salisbury Wiltshire SP2 0JE
Tel: 01722 743117 Fax: 01722 744860

