



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*

DISTRICT 75
DR. SUSAN ERBER, *SUPERINTENDENT*

EVS O&M Student Information Cover Sheet

Teacher Information

Teacher Name: _____ File # _____

Supervisor: _____ School Year _____

Student Information

Last Name _____ First Name _____

DOB _____ OSIS _____ CSE# _____

IEP Classification _____ Placement _____

School: _____ Address: _____

Telephone: _____ Fax: _____

School Contact/Phone: _____

Alerts _____

Parent Information

Contact #1 Last Name _____ First Name _____

Address _____

Telephone (H) _____ (B) _____

Emergency Contact Telephone _____

Contact #2 Last Name _____ First Name _____

Address _____

Telephone (H) _____ (B) _____

Emergency Contact Telephone _____

O&M Information

Mobility Mandate _____ Other Related Services _____

Vision Diagnosis _____

Visual Acuity _____ Visual Fields _____

Date of Most Recent E-12S _____

Mobility Para Assigned ___Y ___N Para Name _____

Uses Cane? ___Y ___N Cane Size/Tip _____

Uses Low Vision Devices? ___Y ___N Device: _____