



MS Hearing-Vision Project

University of Southern Mississippi
118 College Drive #5057
Hattiesburg, MS 39406

Phone: 601.266.5135
Fax: 601.266.4978
Email: hearing-vision@usm.edu

Initial Child/Student Identification and/or Request for Technical Assistance

Child Information:

Child Name: _____ Date of Birth: _____

Gender: F M Diagnosis (if known): _____

Parent/Guardian Name: _____

Address: _____

Parent Phone #: _____ Parent email: _____

Child's Visual Condition/Diagnosis (if known): _____

Child's Auditory Condition/Diagnosis (if known): _____

Areas of Interest for Technical Assistance (TA) (if desired, check all that apply):

- Functional use of sensory channels
- Active participation
- Communication
- Literacy
- Orientation & Mobility
- Transition
- Vision
- Hearing
- Vision &/or hearing accommodation
- Independent living skills

- Vocational experiences
- Deaf-blind orientation
- Assistive technology
- Family education/advocacy
- Kinesthetic development
- Intervener
- Behavior
- Resources for
- Other: _____

Person Submitting Referral:

Name: _____ Agency/School: _____

Address: _____

Email: _____ Phone Number: _____

How do you know this child? _____

Please send completed form to: MaryDean Keyes, MS Hearing-Vision Project

Phone: 601-266-5135

Fax: 601-266-4978

Email: marydean.keyes@usm.edu

For Office Use Only: Date Received: _____ Entered in Database: _____