



Verification of Educational Status for Youth Low Vision (YLV) Services

The Bureau of Services for Blind Persons (BSBP) will use this form to verify the educational status of the below-named student. The educational agency may also use this form to refer a student with a disability to BSBP for Youth Low Vision Services.

Student Information		
Last Name	First Name	Middle Initial
Telephone	Email	Date of Birth

To be completed by the educational agency	
School Enrolled in	
Grade Level	Expected Graduation Date/Exit Date
Educational Program:	
<input type="checkbox"/> Early Intervention (ages 0-3) <input type="checkbox"/> Early Childhood Special Education (ages 3-5) <input type="checkbox"/> Secondary (ages 6-13) <input type="checkbox"/> Other:	
Verification of Disability: <input type="checkbox"/> Student is receiving special education under an IEP. <input type="checkbox"/> Student is receiving special education under a 504 Plan. <input type="checkbox"/> Student has a disability without a 504 Plan or IEP	Provided the most recent copy of the following: <input type="checkbox"/> Eye Report <input type="checkbox"/> IEP or 504 Plan
Primary Disability:	
Secondary Disabilities:	



As a representative of the educational agency, I certify that all information and statements provided are true and correct to the best of my knowledge and that there is the existence and availability of documentation supporting items checked in the verification of disability section.

Name (print)	Title
Signature	Date

Thank you for providing this information.

Complete, Attach, and Return Form:

By Email: LEO-BSBP-CustomerAssistance@michigan.gov

By Mail: Bureau of Services for Blind Persons
702 W. Kalamazoo Street, 1st. Floor
Lansing, MI 48909

By Fax: 517-335-5160