

KEYSTONE KIDS
STUDENT INFORMATION SHEET

STUDENT NAME:

PARENT/GUARDIAN:

ADDRESS:

E-MAIL ADDRESS:

HOME PHONE NUMBER:

WORK PHONE NUMBER:

CELL PHONE NUMBER:

DATE OF BIRTH:

SCHOOL:

GRADE:

VISION LOSS (pathology):

If low vision, describe what the student can see and any difficulties, such as nightblindness, depth perception, etc.:

O&M/VISION TEACHER:

BRILLE READER? Yes No

LARGE PRINT READER? Yes No

USES WHITE CANE? Yes No