

**TROUP COUNTY SCHOOL SYSTEM
EXCEPTIONAL EDUCATION CENTER
CLEARANCE FOR DUE PROCESS TESTING FORM**

_____ has been referred for a comprehensive psycho-educational evaluation, and he/she recently failed the required vision screening. In order to proceed with the evaluation process, we need clearance from a licensed eye specialist who can determine _____'s visual acuity and any needed modifications.

Please answer the following question.

Is this student able to see text with a size 12 font when the materials are placed on a table directly in front of him/her? Yes No

If no, please describe the needed accommodations and modifications (i.e., **corrective lenses, increased size of text**, etc.)

Physician's Signature Date

(Please Print): Physician's Name: _____
Physician's Address: _____

