

Accreditation Reviewer Information Form

Name:

Preferred Email Address:

Preferred Phone Number: State/Province: Job Title:

Certifications/Licenses: Please write in all that apply (CATIS, TVI/TSVI, COMS, CVRT, CLVT, OTHER)

How many years have you worked with or on behalf of individuals who are visually impaired?

Languages in addition to English in which you are fluent:

­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Speak \_\_\_\_) (Read \_\_\_) (Write \_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Speak \_\_\_\_) (Read \_\_\_) (Write \_\_\_\_)

Please mark an X for each of your areas of expertise below:

Administration

Human Resources

Finance

Program Evaluation Independent Living Services

Counseling

Pre-School/Early Intervention

K-12 Programs

Low Vision Clinic Services Vocational Services \_\_\_\_\_\_ Voc Counseling \_\_\_\_\_

Expanded Core Curriculum (after-school/summer)

Industries/Employment Services

Blindness Prevention Services

Multiple Disabilities

Provision of Reading Materials

Other (please specify):