



Location
820 E. Terra Cotta Ave, Suite 256
Crystal Lake, IL 60014
Mon-Thurs: 9AM-6PM
Sat: 9AM-12PM

Behavioral Vision
The Vision to Succeed
Carrie Sypherd, O.D.

Contact Information
www.behavioral-vision.com
behavioralvision@gmail.com
PHONE: 815-455-2800
FAX: 815-455-2801

Dear Parents,

Please fill out the following school information sheet if you wish our staff to contact the teacher about your child's vision concerns. Please be aware that there is a \$25.00 fee for each school visit.

Date: _____

Patient's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Parent's email address: _____

School Name: _____ Phone: _____

School Address: _____ City: _____

Classroom Teacher: _____

Teacher's Email address: _____

Special Services Teacher(s): _____

Starting/Dismissal times: _____

Consent for Exchange of Information

I, _____ (parent/guardian name) give consent to Dr. Carrie S. Sypherd and Behavioral Vision Training Staff to discuss _____'s (child/patient name) vision training program including his/her vision problem as it relates to academic achievement with personnel listed above.

Communication may take place in the form of telephone, email, mail, fax, school visit for teacher conference, IEP, or 504 meetings.

Parent/Guardian Signature _____ Date _____