



Dear Parent or Guardian:

Lighthouse for the Blind-St. Louis is excited to share with you our Braille Brilliance program. The purpose of Braille Brilliance is to provide students (grades K-12) and families with goal-focused braille tutoring and to provide students with opportunities to connect with other braille readers and develop a positive image of braille through fun braille-related activities.

You and/or your child will receive, at no cost to you or your child's school district, braille tutoring toward specific goals that are selected with input from yourself, the school district teacher of students with visual impairments, your child (when appropriate), and the Braille Brilliance teacher. This tutoring does not replace your child's braille instruction in school; it is only meant to supplement it. Your child will also be invited to participate in quarterly group activities that relate to braille. These groups will be dependent on student interest and participation. In addition, your child can choose to participate in our braille pen pals program.

For your child to be referred, please sign the attached permission form, which may be submitted by yourself or your child's teacher of students with visual impairments. Upon receipt of the permission form, Braille Brilliance will contact you for an initial visit to discuss and create appropriate goals. We will also contact your child's teacher of students with visual impairments for any input he or she may have. Services will usually be provided in your home, and tutoring can be scheduled around your availability. Tutoring services will be provided until your goals are met. Your child will continue to be welcome to participate in the group activities and the pen pal program after his or her goals are met. If you prefer, your child may participate in only one or two aspects of the program (tutoring, group activities, or braille pen pals), instead of all of them.

Should you have any questions regarding the information above or would like to refer your child for Braille Brilliance, please do not hesitate to contact Jennifer Coy: [jcoy@lhbindustries.com](mailto:jcoy@lhbindustries.com) or 573-579-4359.

We look forward to working with you and your child.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Coy".

Jennifer Coy, M.Ed.  
Program Director



**LIGHTHOUSE** *for the* **BLIND**  
SAINT LOUIS

**Permission and Record Release Form**

I have read this consent letter and understand the purpose and procedures of this program. I freely and voluntarily choose to participate and to have my son or daughter participate. I agree to allow the school system to release information regarding my child's vision and braille needs (e.g. most current functional vision/learning media assessment, ophthalmology report, and IEP goals and objectives).

I authorize and give permission to Braille Brilliance/Lighthouse for the Blind – St. Louis to obtain or provide information to my child's school district and/or Rehabilitation Services for the Blind (RSB) for programming and collaboration.

I give permission for my child's photograph to be used by Braille Brilliance/Lighthouse for the Blind– St. Louis for advertising purposes, such as brochures, newsletters, press releases, video snippets, or written stories.

For Completion by the Parent or Guardian (if participant is **under** 18 years of age):

**I am interested in my child participating in (Circle all that apply):**

Braille Tutoring                  Group Activities                  Braille Pen Pals

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade Level      Child's School & District

\_\_\_\_\_  
TVI's Name/TVI's Contact Information

\_\_\_\_\_  
Signature of Parent or Guardian      Date

\_\_\_\_\_  
Printed Name of Parent or Guardian      /      \_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number      /      \_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Email Address (optional)

\*Completed forms may be returned to Jennifer Coy: [jcoy@lhbindustries.com](mailto:jcoy@lhbindustries.com) or 10440 Trenton Ave., St. Louis, MO 63132.\*

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