WASHINGTON STATE SCHOOL FOR THE BLIND
Distance Learning Synchronous Math Class Request Form

OR REGISTER ONLINE @ **www.wssb.wa.gov**

Student Name:
Current Grade Level:
Date:
Parent Name(s):
School District:
School Name:
School Address:
City:
State:
Zip:
TVI Name:
Desk Phone/Cell:
Email:
District Contact Name:
Desk Phone/Cell:
Email:

Please check the box that best represents the class you or your student is interested in:

☐ Middle School Math
☐ Pre-Algebra
☐ Algebra 1
☐ Algebra2
☐ Geometry
☐ Pre-Calculus
☐ Other

Please check the box for the best 2 class time periods that would fit best into the student's schedule:

☐ 7:45a-8:40a
☐ 8:45a-9:40a
☐ 9:45a-10:40a
☐ 10:45a-11:40a
☐ 12:20p-1:25p
☐ 1:30p-2:35p

Student reading medium:

☐ Braille
☐ Large Print
☐ Other:

Are math goals written into the students IEP?

☐ Yes
☐ No

Mail request form to:
Washington State School for the Blind
Attn: Cindy Varley
2214 East 13th Street
Vancouver, Washington 98661 or
Fax to 360-737-2120

For more information call Mike Bicknell at: 360-696-6321 X133 **Mike.Bicknell@wssb.wa.gov**