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Professional Development Request Form for School

School Information

School Name: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grades: Kindergarten – 5th Grade Kindergarten – 8th Grade 6th – 8th Grade

Topics to be Discussed

- How to Detect Vision Problems?
- Identifying children with focusing
- Identifying children with tracking
- Identifying children with eye-teaming
- Identifying children with visual processing issues

Preferred Date & Time: _____

If you have any questions or concerns, please, feel free to call or text our office!