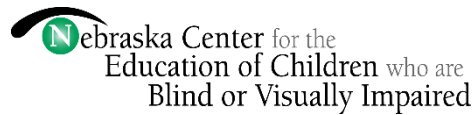


**FEDERAL QUOTA REGISTRATION FORM 2018**  
*for Children who are Blind, Legally Blind, or Partially Sighted*



Nebraska Instructional Resource Center (NIRC), [www.ncecbvi.org](http://www.ncecbvi.org)  
824 10<sup>th</sup> Ave.; P.O. Box 129, Nebraska City, 68410, PHONE: 402-873-5513 or 800-426-4355, FAX: 402-873-3463

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male Female

Date of Birth: \_\_\_\_\_ Has Written Education Plan: Yes No Deaf/Blind: Yes No

School District: \_\_\_\_\_ Student Attends: Public School Private School

ESU #: \_\_\_\_\_ Teacher of the Visually Impaired: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Student is *Blind or Legally Blind* (must select MDB or FDB):**

**MDB (Meets the Definition of Blindness)**

Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees ([www.aph.org](http://www.aph.org))

**FDB (Functions at the Definition of Blindness)**

Visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist ([www.aph.org](http://www.aph.org))

**Student is *Partially Sighted***

Eye Report is on file at the local school district: Immutable Yes No

Parent/Guardian Signature for Federal Quota Census is on file at local school district: Yes No

Instructional Language of Learner (select one):

English Spanish Other: \_\_\_\_\_

Grade Level (select one):

IP-Infant Grades 1-12, *please specify*: \_\_\_\_\_ TR-Transition  
PS-Preschool AN-Academic Non-graded OR-Other Registrant  
KG-Kindergarten FC-Functional Curriculum

Primary Reading Medium (select one):

V-Visual Reader A-Auditory Reader SN-Symbolic Non-Reader  
B-Braille Reader PRE-Pre-Reader

Secondary Reading Medium (select one):

V-Visual Reader B-Braille Reader A-Auditory Reader N/A

Other Reading Medium (select one):

V-Visual Reader B-Braille Reader A-Auditory Reader N/A

What is the student's primary visual condition? (*This is for NCECBVI data collection purposes only.*)

Signature of Teacher of the Visually Impaired: \_\_\_\_\_