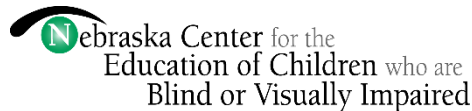


FEDERAL QUOTA REGISTRATION FORM School Year
for Children who are Blind, Legally Blind, or Partially Sighted



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

Check ONLY if this is a new student or if student is moving from Legally Blind to Partially Sighted or Partially Sighted to Legally Blind.

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)

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)

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: _____