



The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Special Education
New York State Resource Center for the Visually Impaired
2A Richmond Avenue, Batavia, NY 14020
(585) 343-5384, Ext. 207 / Fax (585) 343-0652

2018-19 REGISTRATION FORM FOR CHILDREN CLASSIFIED AS LEGALLY BLIND

Name of Student _____ Date of Birth ____/____/____
(Last) (First) (M.I.) Month Day Year

Sex: Male Female * Grade Code _____

School or Agency where individual receives special services for the visually impaired during school hours:

Name: _____ Public Private
Address: _____ Phone: (____) _____
_____ Fax: (____) _____
(This will be the agency listed for the student in the database) E-mail: _____

*Level of visual functionality code: Functions at the Definition of Blindness
 Meets the Definition of Blindness

Primary Language of Learner: English Spanish Other _____

Indicate the student's **ONE PRIMARY AND ALL SECONDARY READING MEDIUMS** in the boxes using 1, 2

	VISUAL – Students use print to some extent
	BRAILLE – Students use braille to some extent
	AUDITORY – Students use a reader or auditory materials to some extent
	NOT APPLICABLE – Nonreaders, pre-readers or students with no additional reading media

*See field memorandum for appropriate coding and/or instructions

PERSON COMPLETING THIS FORM

Name _____ Title _____

School District _____ Phone (____) _____

E-mail _____

I certify that my school has a written current school year education plan and an eye report completed within the last three years on file as evidence of the student's educational program and visual acuity.

Signature

Date