The University of the State of New York THE STATE EDUCATION DEPARTMENT

Office of P-12 Education: Office of Special Education New York State Resource Center for Visually Impaired 229 State Street, Batavia, NY 14020 (585) 343-5384 / FAX (585) 343-0652

2023-2024 REGISTRATION FORM FOR INDIVIDUALS CLASSIFIED AS LEGALLY BLIND

Name of Individual				——Date of Birth/
	(Last)	(First)	(M.I.)	Month Day Year
Sex : Male □ Fem	olo 🗆	* Grade Cod	la.	
Sex: Male ☐ Fem	ale 🗆	Grade Cod	e:	_
School/Agency where in	ndividual recei	ves special service	es for the visua	ally impaired during school hours:
Name:				Public □ Private □
Address:				Phone: ()
				 Fax: ()
	_			<u> </u>
(This will be	the agency listed for	or the individual in the da	tabase)	E-mail:
*Level of visual fund	tionality cod		at the Definition Definition of Blir	
Primary Language o	f Learner:	☐ English	☐ Spanish	☐ Other
Indicate the individual's	<i>ONE</i> PRIMAF	RY AND ALL SEC	ONDARY REA	DING MEDIUMS in the boxes using 1,2
PRE - Pre Re				
VISUAL - Ind	ividual uses prir	nt to some extent		
		raille to some exten a a reader or auditor		nme extent
		individuals with no		
*See field memorand	dum for appr	opriate coding	and/or instru	uctions
PERSON COMPLETING	THIS FORM			
Name			Title	
School/Agency			Phone ()
			E-mail	
I certify that my school/agend as evidence of the individual	cy has a written cu 's educational pro	urrent school year edu gram and visual acuit	cation plan and ar /.	n eye report completed within the last three years on file
S	ignature			 Date
				.