

Registration Form for Individuals Classified as Legally Blind

Please see the field memorandum, [Annual Registration of All New Individuals Classified as Legally Blind for Procurement of Adapted Educational Materials Produced by the American Printing House for the Blind](#), for directions on completing this form.

Individual's Information

Name: _____ Date of birth: _____
(Last) (First) (M.I.) (mm/dd/yyyy)

School Year: _____ Grade Code: _____

School/agency listed in the database where the individual receives special services for the visually impaired during school hours:

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Email: _____

Level of visual functionality code: _____

Individual's primary language: _____

Use number 1 to indicate the individual's **one** primary reading medium. Use number 2 to indicate **all** secondary reading mediums.

	PRE – Pre-reader
	VISUAL – Uses print to some extent
	BRAILLE – Uses braille to some extent
	AUDITORY – Uses a reader or auditory materials to some extent
	SYMBOLIC – Nonreaders or students with no additional reading media

Person Completing this Form

Name: _____ Title: _____
 School/Agency: _____ Phone: _____
 Email address: _____

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

If you are signing the form electronically, you agree that typing your name or entering your electronic signature below is the legal equivalent of your manual signature on this form.

Signature

Date (mm/dd/yyyy)