

, ~~Red~~irections on completing this

form.

## Individual 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:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Email: \_\_\_\_\_

Level of visual functionality code: \_\_\_\_\_

Individual \_\_\_\_\_

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

1	PRE Pre-reader
2	VISUAL Uses print to some extent
3	BRAILLE Uses braille to some extent
4	AUDITORY Uses a reader or auditory materials to some extent
5	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 educational functional 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.

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