

, ~~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.
