



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

2021-22 REGISTRATION FORM FOR CHILDREN CLASSIFIED AS LEGALLY BLIND

Name of Individual _____ 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 – Individual uses print to some extent
	BRAILLE – Individual uses braille to some extent
	AUDITORY – Individual uses a reader or auditory materials to some extent
	NOT APPLICABLE – Nonreaders, pre-readers or individuals with no additional reading media

*See field memorandum for appropriate coding and/or instructions

PERSON COMPLETING THIS FORM

Name _____ Title _____

School/Agency _____ 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 individual's educational program and visual acuity.

Signature

Date