



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

2022-2023 REGISTRATION FORM FOR INDIVIDUALS CLASSIFIED AS LEGALLY BLIND

Name of Individual _____ Date of Birth _____
(Last) (First) (M.I.) Month Day Year

Sex: Male Female * Grade Code _____

School/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 for Primary and 2 for Secondary.

	PRE – Infants, preschoolers or older students working on emergent literacy skills that lay the foundation for future reading
	VISUAL – Students primarily using print as their instructional media
	BRAILLE – Students primarily using Braille as their instructional media
	AUDITORY – Students primarily using a reader or auditory materials as their instructional media
	SYMBOLIC – A symbolic reader is one that accesses printed materials with tangible two- or three-dimensional symbols

*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/agency has a current written education plan on file for this individual.

Signature

Date