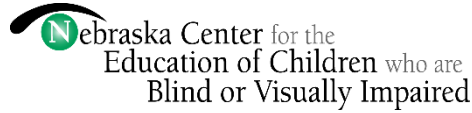


# FEDERAL QUOTA REGISTRATION FORM

School Year: \_\_\_\_\_

for Children who are Blind, Legally Blind, or Partially Sighted



Nebraska Instructional Resource Center (NIRC), [www.ncecbvi.org](http://www.ncecbvi.org)  
824 10<sup>th</sup> Ave.; P.O. Box 129, Nebraska City, 68410, PHONE: 402-873-5513 or 800-426-4355, FAX: 402-873-3463

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Has Written Education Plan:  Yes  No Deaf/Blind:  Yes  No

School District: \_\_\_\_\_  Attends Public School  Attends Private School (select one)

ESU #: \_\_\_\_\_ Teacher of the Visually Impaired: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Student is *Blind or Legally Blind (must check MDB or FDB):*

#### MDB (Meets the Definition of Blindness)

Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees ([www.aph.org](http://www.aph.org))

#### FDB (Functions at the Definition of Blindness)

Visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist ([www.aph.org](http://www.aph.org))

### Student is *Partially Sighted*

Eye Report is on file at the local school district: \_\_\_\_\_ Immutable Yes No

Parent/Guardian Signature for Federal Quota Census is on file at local school district: Yes No

Instructional Language of Learner (select one):

English

Spanish

Other: \_\_\_\_\_

Grade Level (check one):

IP-Infant

Grades 1-12, *please specify:*

PS-Preschool

Grades 12+

KG-Kindergarten

Primary Reading Medium (select one):

V-Visual Reader

A-Auditory Reader

S-Symbolic Reader

B-Braille Reader

PRE-Pre-Reader

Secondary Reading Medium (optional):

V-Visual Reader

B-Braille Reader

A-Auditory Reader

N/A

What is the student's **PRIMARY** visual condition? Please list only one.

(This is for NCECBVI data collection purposes only.)

Signature of Teacher of the Visually Impaired: \_\_\_\_\_