

FEDERAL QUOTA REGISTRATION FORM
for Blind, Legally Blind or Partially Sighted Children

Nebraska Instructional Resource Center
824 10th Avenue/PO Box 129 Nebraska City, NE 68410
(402) 873-5513 (800) 826-4355 FAX (402) 873-3463

School District Name	County	ESU #	Date
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Student Information Male Female Date of Birth _____ Has a Written Education Plan

Name _____
Last First Deaf/Blind

Blind or Legally Blind:

Distance Acuity (with correction) O.U. _____ 20/200 or greater

Field Restriction _____ 20 degrees or less

MDB _____ FDB _____ visual performance reduced by brain injury or dysfunction so that visual acuity is not possible to determine using the Snellen Chart and is the determination of the eye care provider that the student meets the definition of blindness for **educational purposes**.

Partially Sighted

_____ 20/70 to 20/200

_____ 60 degrees or less in the better eye _____ central loss of any degree

_____ significant delay of 3 or more observable functional visual behaviors

_____ less than 8 point type at 40 cm

Date of Last Eye Report _____ Immutable

Instructional Language of Learner (check one only) English Spanish Other

Grade Level (check one only)

_____ IP - Infant _____ Grades 01-12 _____ (please specify) _____ TR - Transition
_____ PS - Preschool _____ AN - Academic Nongraded _____ OR - Other Registrant
_____ KG - Kindergarten _____ FC - Functional Curriculum

Primary Reading Medium (check one only)

_____ V - Visual Reader _____ A - Auditory Reader _____ N - Nonreader/Symbolic Reader
_____ B - Braille Reader _____ PRE - Prereader

Secondary Reading Medium (check one only)

_____ V - Visual Reader
_____ B - Braille Reader
_____ A - Auditory Reader
_____ N/A - Not Applicable

Other Reading Medium (check one only)

_____ V - Visual Reader
_____ B - Braille Reader
_____ A - Auditory Reader
_____ N/A - Not Applicable

Signature of Teacher of the Visually Impaired