

Name of District/Agency: _____

County: _____

Deadline: Submit by February 1, 2017

**Form for the Registration of Legally-Blind Students for Federal Quota Funds
Enrolled in Your District or Agency as of Monday, January 2, 2017
For Purposes of the *Act to Promote the Education of the Blind***

Check here if you have no students to report. List the name of your district/agency above, complete the back of the form including your signature and date, and return it to Yvonne Ali (mailing address on back of form at bottom).

Note: All students registered for these purposes must have a central visual acuity of 20/200 or less in the better eye with best correction; a peripheral field no greater than 20 degrees; or visual performance reduced by a brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or medical doctor.

Instructions on how to complete this form are included in the registration packet.

Student's Name	Comment	Date of Birth	Grade	Right Eye	Left Eye	Near Vision Available ?	Primary Language used for Instruction	Primary Reading Medium	2nd Reading Medium	Add'l Reading Medium	LVA	FVA	LMA	Vision Service
<i>SAMPLE: Doe, Jane</i>	<i>Transfer to Fox C-6</i>	<i>01/01/01</i>	<i>01</i>	<i>20/200</i>	<i>20/200</i>	<i>Y</i>	<i>Spanish</i>	<i>LT</i>	<i>DV</i>	<i>NA</i>	<i>N</i>	<i>Y</i>	<i>Y</i>	<i>N</i>

Please provide your contact information and signature on the back (over) ⇨⇨⇨⇨

Note: If your list of legally blind students requires 2 or more pages, you only need to complete this page once.

Superintendent, Director of Special Education, or Other Designee: I certify that enclosed registration information is accurate and **fully documented**.

Authorized Person or Designee: For public schools, the only individuals authorized to sign this form are principals, Directors of Special Education, or their designees.

For other educational programs and private schools, the administrator, principal, educational liaison, or other chief officer may sign.

Signature & Date _____

Name (please print) _____

Title _____

District/Agency/School _____

Mailing Address _____

Telephone () _____

E-Mail Address _____

Primary Contact (if other than the signee)

Any teacher, paraprofessional, or other educator assigned to work with students with visual impairments may submit requests for materials to the Missouri Instructional Resource Center. However, the primary contact person can resolve questions about the Federal Quota Registration or about requesting and returning materials for the student(s) listed on this form.

Name & Title of Primary Contact _____

District/Agency/School _____

Address _____

Telephone _____

E-mail _____

Return completed form to:

Yvonne Ali

Missouri Instructional Resource Center

3815 Magnolia Avenue

St. Louis, MO 63110

Telephone: 314-633-1551; Fax: 314-773-3762

E-mail: Yvonne.Ali@msb.dese.mo.gov

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