

Agency Name: First Steps SPOE #

Form for the Registration of Legally-Blind Children for Federal Quota Funds

**Registered in Your Agency as of the first Monday in January
For Purposes of the *Act to Promote the Education of the Blind***

Check here if you have no children to report. Complete the bottom of the form including your signature and date, and return it to Gabrielle Borders (contact information on page 2 at bottom).

Note: All children 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 of vision 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.

Signature: _____

Please Print Name: _____

Mailing Address: _____

Title: _____

Date: _____

Telephone #: _____

E-mail Address: _____

Review & update each data record and/or add a child by completing all data fields.

Name of Child	ROI Available?	Date of Birth	Right Eye	Left Eye	Primary Language used for Instruction	Vision Services by TVI?	County of Residence	School District to which Child will Transition at Age 3

Agency Name: First Steps Region #

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