

American Printing House for the Blind Federal Student Registration 2019 Federal Quota Census Form

IMPORTANT: A student who qualifies for the APH Federal Quota Census must have a “central visual acuity of 20/200 or less in the better eye with best correction or a peripheral field of vision no greater than 20 degrees or visual performance reduced by a brain injury or dysfunction that meets the definition of blindness as determined by an eye care specialist or neurologist.” The student must be enrolled in your district/agency as of Monday, January 7, 2019. All information with an * is required. **Please review the instructions in your MIRC Sharepoint Student Registration folder before completing this form, which is due on or before January 31, 2019.**

District/Agency Name

District Code

*Student Name (Last, First Middle) e.g. Doe, John Bradley	*Date of Birth (MM/DD/YYYY) e.g. 08/13/2005	*Current Grade	*Vision Function (MDB or FDB)	*Primary Language of Learner (EN, SP, or OT)	*Primary Reading Medium (V,B,A, PRE, or SN)	*2 nd Reading Medium (V,B,A, or NA)	Other or 3 rd Reading Medium (V,B,A, or NA)	Parent consent on file? (Yes or No)	Visual acuity verified? (Yes or No)	Date of most current eye report? (MM/DD/YYYY) e.g. 10/22/2012
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
								YES NO	YES NO	

Check here if you have no students to report.

IMPORTANT: All districts must complete the information on page 2 and return it to Mississippi Instructional Resource Center.

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Notes to MIRC Regarding Students

Assurance of Superintendent, Director of Special Education, or Other Designee: I certify that the enclosed registration information is accurate, documented fully, and on file in our district.

Signature

Date

Name

Title

Email Address

Office Phone

School Cell Phone (optional)

District/Agency

Physical Mailing Address

City

State

Zip Code

IMPORTANT: Upload this completed registration form into your **MIRC Student Registration folder** with file named **District Name_APH FEDERAL QUOTA Registration** on or before 5:00 p.m., Thursday, **January 31, 2019**.