

Student Information

STUDENT DATA*

Student Name: _____ Date of Birth: _____ Gender ____ Current School Year _____ Grade _____
School District _____ Regional Teacher/LEA Name _____

IEP INFORMATION

Date IEP Last Updated _____ (mo/day/year) *

Chafee Qualified Print Disability (IEP & Medical Certification on File [Required])

Specialized formats needed* Braille ____ Large Print ____ Audio ____ Digital text ____

VI STUDENT INFORMATION ONLY

Student is Blind: ____ Yes ____ No Date of Last Eye Doctor Report _____ (mo/day/year)

Current Corrected Distance Vision: ____ right eye (OD) ____ left eye (OS)

Restricted Visual Field of 20 degrees or less: ____ Yes ____ No

If yes, provide degree of vision loss: _____ Secondary Visual Factors: _____

Date of Last Functional Vision Assessment: _____ (mo/day/year)

Date of Last Functional Literacy Assessment: _____ (mo/day/year)

Reading Media (for APH reporting purposes only)

(Primary Codes: Braille – B; Visual – V; Auditory – A; Prereader – P; Nonreader – N)

(Secondary and Third Codes: Braille – B; Visual – V; Auditory – A; Prereader – P; Not Applicable – NA)

Primary Reading Media: ____ Secondary Reading Media: ____ Third Reading Media: ____

*Required Fields