

(Last)

(First)

(M.I.)

Date of Birth

/ /
Month Day Year

Sex: Male Female

* **Grade Code:**

School/Agency where individual receives special services for the visually impaired during school hours:

Name:
Address:

Public Private
Phone: ()

Fax: () _____

(This will be the agency listed for the individual in the data indicate the

ONE PRIMARY AND ALL SECONDARY READING MEDIUMS

	PRE - Pre Reader
	VISUAL - Individual uses print to some extent
	BRAILLE - Individual uses braille to some extent
	AUDITORY - Individual uses a reader or auditory materials to some extent
	SYMBOLIC Nonreaders, or individuals with no additional reading media