**REGISTRATION OF STUDENT WHO IS BLIND/VISUALLY IMPAIRED**

**Colorado Department of Education (CDE)**

**& Colorado Instructional Materials Center (CIMC)**

**COUNT 1-STATEWIDE B/VI COUNT: All students birth – 21 receiving vision services**

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| --- | --- | --- |
| **SRS ACCT.**  **(CIMC USE)** | **1.STUDENT NAME – LAST, FIRST**  Click here to enter text. **,** Click here to enter text.  **2. SASID # (10 DIGIT)**  Click here to enter text. | **AU CODE**  **(CIMC USE)** |

3. DATE OF BIRTH: Click here to enter a date.

4. DISTRICT OF *RESIDENCE(*\*may be different than District student is attending): Choose an item.

5. DISTRICT OF ATTENDANCE: Choose an item.

6. CURRENT GRADE LEVEL: Choose an item.

7. PRIMARY LANGUAGE OF INSTRUCTIONAL MATERIALS: Click here to enter text.

8. PRIMARY CURRENT READING MEDIA: Choose an item.

9. *PROJECTED* READING MEDIA: Choose an item.

10. REGISTRATION DATE: Click here to enter a date.

11. PRIMARY DISABILITY: Choose an item. SECONDARY DISABILITY: Choose an item.

12. VISION ACUITY WITH CORRECTION:

RIGHT EYE (OD) Click here to enter text. LEFT EYE (OS) Click here to enter text.

PERIPHERAL FIELD 20˚ OR LESS? YES NO

13. DIAGNOSIS: Click here to enter text.

14. IS THIS STUDENT REGISTERED IN COLORADO DEAFBLIND CENSUS? YES NO

15. TACTILE LEARNER: YES NO BRAILLE LEARNER: YES NO

BRAILLE USER: YES NO

16. STATE ASSESSMENT: General CMAS/PARCC  Alternate CoALT/DLM N/A

17. PLEASE CHECK THE PLAN THAT THIS STUDENT IS ON:

IEP 504 PLAN IFSP  ISP NO FORMAL PLAN

18. AU RESPONSIBLE FOR STUDENT ASSESSMENT FEE: Choose an item.

ADDITIONAL INFORMATION: Click here to enter text.

**COUNT 2-FEDERAL QUOTA COUNT: Students who meet Federal eligibility requirements of Legal Blindness (MDB or FDB)**

1. IS THIS STUDENT TO BE INCLUDED ON THE FEDERAL QUOTA COUNT? YES NO

2. IF YES, DOES YOUR DISTRICT HAVE SUPPORTING EYE HEALTH DOCUMENTATION ON FILE?

YES dated: Click here to enter a date. (Please Attach Copy of Doctor’s Report) NO

SIGNATURE OF TVI COMPLETING THIS FORM:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: Click here to enter a date.

PRINTED NAME: Click here to enter text.

SIGNATURE OF SPECIAL EDUCATION DIRECTOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: Click here to enter a date.

PRINTED NAME: Click here to enter text.

ADMINISTRATIVE UNIT/AGENCY: Choose an item.

AU ADDRESS: Click here to enter text.

PHONE: Click here to enter text.

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**PLEASE RETURN THIS FORM TO COLORADO INSTRUCTIONAL MATERIALS CENTER**

**1015 EAST HIGH STREET**

**COLORADO SPRINGS, CO 80903**

**email: cimcregistrations@csdb.org**