

**Doe, Jane**

Active:	<input checked="" type="checkbox"/>	Primary Reading Medium:	AUDITORY	Last Eye Exam:	1/5/2023
Date of Birth:	1/4/2005	Projected Reading Medium:	AUDITORY	Acuity:	
Grade:	09	Registration Date:	8/25/2010	Right Eye (OD):	20/125
SASID:	12345678	District Registered:	03061	Left Eye (OS):	20/200
District of Residence:	VANGUARD CLASSICAL SCHOOL	Tactile Learner:	<input type="checkbox"/>	Braille User:	<input type="checkbox"/>
		Braille Learner:	<input type="checkbox"/>	Brailier:	<input type="checkbox"/>
Federal Quota:	MDB	Brailier Serial Number:		Peripheral loss (20 degrees or less):	<input type="checkbox"/>
	FQ25: MDB	State Deafblind Census?	No	Exit Date:	
Need more info to qualify:	<input type="checkbox"/>	State Assessment:	General	Primary Disability:	VISION DISABILITY
Language:	English			Secondary Disability:	
AU responsible for SAF fee:	VANGUARD CLASSICAL SCHOOL			Diagnosis:	ocular albinism
Initials of person verifying info:	_____	Initials of TVI working with student:	_____		
Notes:	Included FQ24 (Incl. FQ23). TVI: PC I&II 1/1/2021 (KLAS#03061-Vanguard Classical School). MDB per acuitites listed on eye report dated 1/5/23				

**Doe, John**

Active:	<input checked="" type="checkbox"/>	Primary Reading Medium:	PRE READER	Last Eye Exam:	11/1/2021
Date of Birth:	10/1/2015	Projected Reading Medium:	BRAILLE READER	Acuity:	
Grade:	KG	Registration Date:	3/1/2019	Right Eye (OD):	SEE NOTES
	1st Grade	District Registered:	03061	Left Eye (OS):	SEE NOTES
SASID:	1234567	Tactile Learner:	<input checked="" type="checkbox"/>	Braille User:	<input type="checkbox"/>
District of Residence:	VANGUARD CLASSICAL SCHOOL	Braille Learner:	<input type="checkbox"/>	Brailier:	<input type="checkbox"/>
Federal Quota:	No	Brailier Serial Number:		Peripheral loss (20 degrees or less):	<input type="checkbox"/>
	FQ25: IDEA	State Deafblind Census?	No	Exit Date:	
Need more info to qualify:	<input checked="" type="checkbox"/>	State Assessment:		Primary Disability:	MULTIPLE DISABILITIES
Language:	English			Secondary Disability:	
AU responsible for SAF fee:	VANGUARD CLASSICAL SCHOOL			Diagnosis:	cortical visual impairment
Initials of person verifying info:	_____	Initials of TVI working with student:	_____		
Notes:	Incl. FQ24(IDEA eligibility) (not incl FQ23),TVI: _____. PC I&II 02/15/2020 (03061). Need updated eye report ("current" is within three years). ***Peanut allergy!!! (Teachers: YOUR notes go here...what do you want us to type for you?). Do you have updated eye report?				

Number of students AU is responsible for: 2