

(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 |