

(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