

# KIMRC New Student Registration Form

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School District/and or School:** \_\_\_\_\_

**Sex:** M \_\_\_\_\_ F \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**How Served:** IEP:VI Only \_\_\_\_\_ IEP:VI/Multiple \_\_\_\_\_ 504 Plan \_\_\_\_\_ Other \_\_\_\_\_

**Primary Reading Medium:** Print \_\_\_\_\_ Braille \_\_\_\_\_ Auditory \_\_\_\_\_ Prereader \_\_\_\_\_ Symbolic \_\_\_\_\_

Secondary Reading Medium: Print \_\_\_\_\_ Braille \_\_\_\_\_ Auditory \_\_\_\_\_ Not Applicable \_\_\_\_\_

## **Student Blindness or Visual Impairment (please mark one):**

\_\_\_\_\_ **Meet the definition of blindness (MDB)** –a central visual acuity of 20\200 or less (using a Snellen chart or an acuity determined in the Snellen equivalents) in the better eye with the best correction or a peripheral field of vision no greater than 20 degrees

\_\_\_\_\_ **Functions at the definition of blindness (FDB)** – when visual function meets the definition of blindness as determined by an eye care specialist (ophthalmologist or optometrist) or a medical doctor such as a neurologist. Students in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, **or** cerebral visual impairment (e.g., brain injury or dysfunction).

\_\_\_\_\_ **Visually Impairment (VI):** Qualifies under the Individuals with Disabilities Education Act (IDEA) definition of blindness: an impairment in vision, that, even with correction, adversely affects a child's education performance

## **School District Authorization:**

I hereby, certify that the pupil named above is enrolled in the \_\_\_\_\_ school district.

\_\_\_\_\_  
Superintendent or Director of Special Education Signature

\_\_\_\_\_  
Date

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