

Dear Optometrist and/or Ophthalmologist,

The Federal Act to Promote the Education of the Blind was enacted by Congress in 1879. This act is a means for providing adapted educational materials to eligible students who meet the definition of blindness. An annual registration of eligible students determines a per capita amount of money designated for the purchase of educational materials produced by the American Printing House for the Blind (APH). These funds are credited to Federal Quota accounts which are maintained and administered by APH and its Ex Officio Trustees throughout the country.

Many times visual acuities are not obtainable for certain individuals. Because of this, it is necessary to request the following information to determine whether a student meets the Federal guidelines of legal blindness in order to be counted in the Federal Quota program.

Student Name: _____ DOB: _____

DOCTOR'S OFFICE TO COMPLETE THIS SECTION:

Based on Exam Date: _____, regarding the above mentioned student, if visual acuity cannot be measured, in your professional judgment, do you feel this person:

Vision Diagnosis: _____

☐ Functions better than 20/200 corrected, in their best eye (**Snellen** equivalent)

☐ Meets the Definition of Blindness – “MDB”

As defined in The Act: “Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees,”

OR

☐ Functions at the Definition of Blindness – “FDB”

As defined in The Act: “When visual performance is reduced by a brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.

Students in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment.”

Doctor Signature

Date

Doctor's Name (please print): _____

Thank you for your time supporting New Mexico children who have been identified with “Visual Impairment, Including Blindness”

New Mexico Teachers of Students with Visual Impairments (TSVI)

DISTRICT PERSONNEL TO COMPLETE THIS SECTION:

Please return this form, when completed, to: _____
Teacher of Students with Visual Impairments (TSVI)

District: _____ Fax: _____

Address: _____

Dear Parent,

By your signature below, you agree to share your child's eye health information with both your school district and the New Mexico School for the Blind and Visually Impaired. As explained on the preceding page, this information is a requirement in determining eligibility for the Federal Quota program, and access to learning materials from American Printing House for the Blind.

Parent Signature

Date

Parent's Name (please print):

*****PARENT – PLEASE RETURN THIS FORM, SIGNED BY YOUR DOCTOR, TO YOUR SCHOOL DISTRICT FOR INCLUSION IN YOUR CHILD'S STUDENT RECORD******

Querido Padre,

Por su firma abajo, usted consiente en compartir la información de salud de ojo de su niño tanto con su distrito escolar como con el Nuevo Mexico Centro de Materiales Educacional. Como explicado en la página precedente, esta información es una exigencia en la determinación de la elegibilidad para el programa de Cuota Federal, y acceso al aprendizaje de materiales de la Casa de Imprenta americana para el Ciego.

Fecha de Firma Paternal

El Nombre del Padre (por favor imprima):

***** EL PADRE – POR FAVOR DEVUELVA ESTA FORMA, FIRMADA POR SU DOCTOR, A SU DISTRITO ESCOLAR PARA LA INCLUSIÓN EN EL REGISTRO DE ESTUDIANTE DE SU NIÑO ******