

Everything You Need to Know About the 2022 Legally Blind Registration



**AMERICAN
PRINTING
HOUSE** 

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Objectives

- Review eligibility criteria for the Federal Quota Program
- Review required documentation
- Review the NEW submittal process for the 2022 Legally Blind Registration

Purpose

Registered students determines the amount Federal Quota Allotment of APH funds for the fiscal year for eligible students

Eligibility Criteria

- Meets the definition of blindness (**MDB**) — a central visual acuity of 20/200 or less (using a Snellen chart or an acuity determined in Snellen equivalents) in the better eye with the best correction or a peripheral field of vision no greater than 20 degrees.

OR

- 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 another 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, dysfunction).

Eligibility Criteria (cont.)

- Be enrolled in a formally organized public or private, nonprofit educational program of less than college level.
- Infants, preschool, and school-aged students must be enrolled with the registering school or agency on the first Monday in January. **(January 3, 2022)**

Documentation

- Signed Parent Permission Form *
- Current eye report *
 - Medical Addendum Form (as needed)
 - North Carolina Ophthalmological/Optometric Summary (as needed)

Parent Permission

NCDPI Exceptional Children Division/American Printing House for the Blind Annual Federal Quota Registration of Blind Students Parental Consent to Release Student Information

In order to register my child with the Exceptional Children Division at the North Carolina Department of Public Instruction and the American Printing House for the Blind (APH), I hereby authorize _____ (name of school district, program or facility) to share my child's personally identifiable information as follows: Last name, first name, middle name, Date of Birth, School District, Grade Placement, Medical Eye Report, Visual Function, Primary and Secondary Reading Medium, IFSP/IEP area of eligibility, and cross reference of siblings also registered (to prevent duplication of registration) with the following:

- Designated Ex-Officio Trustee for North Carolina
- Exceptional Children Division at the North Carolina Department of Public Instruction
- American Printing House for the Blind

I, _____ (print name), certify that I am the parent(s)/guardian(s) of _____ (student's full name), whose date of birth is _____ (Month, Day, Year), and that s/he is a dependent according to Section 152 of the Internal Revenue Code if s/he is over eighteen years of age. I understand that this release will remain in effect unless I move and enroll my child(ren) in a new Local Education Agency (LEA) in North Carolina. I further understand that I can revoke this release in writing by emailing the designated Ex-Officio Trustee at ncaph@dpi.nc.gov.

Medical Addendum

Dear _____,

"The Federal Act to Promote the Education of the Blind", enacted by Congress in 1879, requires school districts to have current (within 3 years) eye health care reports from an Optometrist, Ophthalmologist, or Neurologist on file in school districts in order to be eligible to be counted in the Federal Quota program, and to access learning materials from American Printing House for the Blind.

Visual acuities were not able to be obtained for the student listed below that you evaluated on _____. Because of this, it is necessary to request the following information to determine if this student meets the Federal guidelines of legal blindness in order to be counted in the Federal Quota program.

Student Name: _____ DOB: _____

MEDICAL OFFICE TO COMPLETE THIS SECTION:

Based on the Exam Dated: _____, in your professional judgment, do you feel this person:

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

OR

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."

Physician's Signature _____

Date _____

Physician's Name (please print) _____

NC Ophthalmological/Optometric Summary Template

Public Schools of North Carolina Exceptional Children Division		North Carolina Ophthalmological/Optometric Summary		
Patient Information				
Patient's name:		Date of birth:		
Address:		City:	State: ZIP code	
Parent/guardian's name:	Home phone: ()	Cell phone (optional): ()	Email address:	
Attention eye care specialist: Address each item below. Your thoroughness in completing this report is essential to this patient receiving appropriate services.				
Ocular History				
Age at onset:				
Describe the ocular history, including eye diseases, injuries, and/or operations.				
Visual Acuity				
If the acuity can be measured, complete the section below using Snellen acuities or Snellen equivalents, or NLP, LP, HM, or the distance at which the patient sees the 20/200 letter.				
	Without Glasses		With Glasses	
	Distance	Near	Distance	Near
Right eye (OD)				
Left eye (OS)				
Both eyes (OU)				
If the acuity cannot be measured, indicate below the most appropriate estimation.				
<input type="checkbox"/>	Legally blind, 20/200 or worse in both eyes		<input type="checkbox"/> Functions at the definition of blindness (e.g., CVI)	
<input type="checkbox"/>	Legally blind due to visual field of 20 degrees or less in both eyes			
Muscle Function and Intraocular Pressure				
Muscle function: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal				
Describe:				
Intraocular pressure reading: Right: Left:				
Visual Field Test				
Type of field test (please attach copy):				
<input type="checkbox"/>	No apparent visual field restriction exists		<input type="checkbox"/> A visual field restriction exists	
Describe the restriction:				
Visual field is restricted to:				
	21 degrees to 30 degrees		20 degrees or less	
Right eye (OD)				
Left eye (OS)				
Both eyes (OU)				

Color Vision and Photophobia				
Type of field test (please attach copy):				
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Abnormal	
<input type="checkbox"/>			Photophobia	
Diagnosis				
<input type="checkbox"/>	Amblyopia	<input type="checkbox"/>	Corneal Disorder	
<input type="checkbox"/>	Aniridia	<input type="checkbox"/>	Cortical/Cerebral VI	
<input type="checkbox"/>	Anophthalmos	<input type="checkbox"/>	Esotropia	
<input type="checkbox"/>	Astigmatism	<input type="checkbox"/>	Exotropia	
<input type="checkbox"/>	Aphakia	<input type="checkbox"/>	Glaucoma	
<input type="checkbox"/>	Coloboma	<input type="checkbox"/>	Hyperopia	
<input type="checkbox"/>	Congenital Cataracts	<input type="checkbox"/>	Microphthalmos	
<input type="checkbox"/>	Convergence Insufficiency	<input type="checkbox"/>	Myopia	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Nystagmus
<input type="checkbox"/>	Other		<input type="checkbox"/>	Ocular Albinism
<input type="checkbox"/>	Other		<input type="checkbox"/>	Optic Atrophy
<input type="checkbox"/>	Other		<input type="checkbox"/>	Optic Nerve
<input type="checkbox"/>	Other		<input type="checkbox"/>	Retinal Detachment
<input type="checkbox"/>	Other		<input type="checkbox"/>	Retinopathy of Prematurity
<input type="checkbox"/>	Other		<input type="checkbox"/>	Retinitis Pigmentosa
<input type="checkbox"/>	Other		<input type="checkbox"/>	Strabismus
Does the child meet the definition of a neurological Visual Impairment? Y/N				
Prognosis				
<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Recurrent	
<input type="checkbox"/>	Progressive	<input type="checkbox"/>	Stable	
<input type="checkbox"/>	Unable to determine prognosis at this time		<input type="checkbox"/>	Improving
<input type="checkbox"/>	At risk for vision loss; this child is under the age of 3 and/or the degree of vision loss cannot be determined.		<input type="checkbox"/>	Can be improved
Recommendations				
Select all that apply.				
<input type="checkbox"/>	Glasses	Prescription—Right:	Left:	
<input type="checkbox"/>	Contacts	Prescription—Right:	Left:	
<input type="checkbox"/>	Patches	Right:	Left:	
<input type="checkbox"/>	Clinical low vision evaluation			
<input type="checkbox"/>	Medication			
<input type="checkbox"/>	Surgery			
<input type="checkbox"/>	Physical activity to be restricted; please describe:			
<input type="checkbox"/>	Follow-up needed:			
<input type="checkbox"/>	Return in:			
<input type="checkbox"/>	Other			
Additional precautions or suggestions:				
Eye Care Specialist Information				
Signature of licensed ophthalmologist or optometrist:		Print or type name of licensed ophthalmologist or optometrist:		
X				
Address:		Date of examination:		
City:	State:	ZIP code:	Telephone number: ()	

Registration Timeline

Pre-Registration Data Gathering Phase

- December 2021
- Spreadsheets will be sent to PSUs
- Memo will be released to the state on January 3, 2022
- Registration Phase
 - January 3, 2022 - February 14, 2022

Pre-Registration Data Gathering Phase

NCAPH Data Spreadsheets will be sent via an encrypted email* to the EC Director with TVI copied. This is the current data, it will be updated by the PSU and returned via encrypted/secure email.

Updates will include:

- Keep or Delete
- Grade Change
- Eye Report Date

*encrypted emails are necessary for protecting student information

Updating Students

Keep/Update or Delete	Date of Birth	Last Name	First Name	Middle Name	Grade	Functionality - Meets the Definition of Blind (MDB) or Functions at the definition of Blind (FDB)	District Name	Language	PRM (Primary Reading Media) V- Visual, A- Auditory, B- Braille, SN-Symbolic Nonreader, PRE- PreReader	SRM (Secondary Reading Media)	Parent Permission Signed	Date of La
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Registration Phase

Registration will open **Jan 3, 2022** and close **Feb 14, 2022**.

Data submitted after the 14th will **NOT** be accepted.

Adding New Students

Registration of the Legally Blind Registry

The Annual Registration of Legally Blind Students is used to calculate the amount of Federal Quota Funds designated for the purchase of educational materials for eligible students through the American Printing House for the Blind. Students in public and private schools, including home schools, are eligible to participate in this program. Up to 30 new students can be added each time this survey is taken. If more than 30 need to be entered, the survey will need to be taken additional times. Also, if there are NO eligible students to report, please note that in question 5 of this survey.

Please select from the following...

Public School Unit (LEA/Charter School)	<input type="radio"/>
Residential Care Facility	<input type="radio"/>
Home School Student	<input type="radio"/>
NC Infant Toddler Program Part C	<input type="radio"/>
Private School	<input type="radio"/>

Enter the name of school or facility

Name of the person submitting this information

First Name

Last Name

Work Email Address

Please select one of the following options.

We have no eligible students to report	<input type="radio"/>
We are entering new students to the registry	<input type="radio"/>

Adding New Students

Please indicated the number of new students you are adding to the registry. Enter "0" if not applicable. Up to 30 can be entered at one time, enter the remaining by taking the survey additional times.

Please enter the following information for the student # 1

Student Information

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy)

Does the LEA have signed parental permission?

Yes

No

Adding New Students

Date of most recent eye report (mm/dd/yyyy)

Functional Visual Acuity for right eye

Meets the definition of blindness (MDB) – a central visual acuity of 20/200 or less (using a Snellen chart or an acuity determined in 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 other 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).

Functional Visual Acuity for left eye

Meets the definition of blindness (MDB) – a central visual acuity of 20/200 or less (using a Snellen chart or an acuity determined in 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 other 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).

Grade Code

Students of school age: Determined by state law, in regular academic grades 1 through 12

Primary Instructional Language of Learner

English

Spanish

Other (please specify)

Primary Reading Media

V - Visual Reader: Student primarily using print as their instructional media

B - Braille Reader: Student primarily using braille as their instructional media

A - Auditory Reader: Student primarily using a reader or auditory materials as their instructional media

PRE - Prereader: Student working on or toward a readiness level; infants, preschoolers, or older students with reading potential

SN - Nonreader/Symbolic Reader: Non-reading student; students not working on or toward a readiness level; students who do not demonstrate traditional print or Braille reading potential (symbolic reader); student who does not fall into any of the above categories

Adding New Students

Secondary Reading Media

V - Visual Reader: Student primarily using print as their instructional media

B - Braille Reader: Student primarily using braille as their instructional media

A - Auditory Reader: Student primarily using a reader or auditory materials as their instructional media

PRE - Prereader: Student working on or toward a readiness level; infants, preschoolers, or older student with reading potential

SN - Nonreader/Symbolic Reader: Non-reading student; student not working on or toward a readiness level; students who do not demonstrate traditional print or Braille reading potential (symbolic readers); student who does not fall into any of the above categories

Primary Eligibility on IEP

Visual Impairment incl. Blindness

Comments (e.g., Sibling in a set of multiples—twins, triplets—with same date of birth and similar name; student has permanent condition; etc.)

Save a PDF for your records

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)



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Contact Information

- Email NC APH at NCAPH@dpi.nc.gov
- Terri Terrell, APH ExOfficio 984-236-2581
- Crystal Patrick, APH ExOfficio Assistant 984-236-2617

