

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) _____

Name and Telephone Number _____

Location of Practice _____

*Thank you for your time supporting North Carolina children who have been identified with
“Visual Impairment, Including Blindness”*

DISTRICT PERSONNEL TO COMPLETE THIS SECTION:

Please return this form, when completed, to: _____
Teacher of the Visually Impaired (TVI)

LEA: _____ Fax: _____

School Address: _____

Telephone: _____