



ASSISTANT COMMISSIONER  
OFFICE OF SPECIAL EDUCATION

January, 2017

TO: District Superintendents  
Superintendents of Public and Nonpublic Schools  
Superintendents of State-Operated and State-Supported Schools  
Executive Directors of Approved Private Schools  
Principals of Public and Nonpublic Schools  
Directors of Approved Preschool Programs and Preschool Educators  
Directors of Special Education  
Directors of Pupil Personnel Services  
Chairpersons of Committees on Special Education  
Chairpersons of Preschool Committees on Special Education  
Head Start Directors  
ACCES District Offices  
RSE-TASC Specialists  
Early Childhood Direction Centers  
Independent Living Centers  
CBVH Regional Offices  
Organizations, Parents and Individuals Concerned with Special Education  
Others Involved with the Education of the Visually Impaired

FROM: Christopher Suriano 

SUBJECT: Annual Registration of All New Students Classified as Legally Blind for Procurement of Adapted Educational Materials Produced by the American Printing House for the Blind

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. The 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 (APH) for the Blind. These funds are credited to Federal Quota Program accounts which are maintained and administered by APH and its Ex Officio Trustees throughout the country. New York State's fund administrator is located at the New York State Resource Center for the Visually Impaired (NYSRCVI) in Batavia, New York.

The annual registration form is for students who are legally blind and newly enrolled in your school/agency by January 2, 2017 of this school year. **Please do not re-register a student** if the student has been previously registered by your school/agency or another school/agency unless the student is new to your school prior to January 2, 2017 of this school year. **If you are unsure about a student's registration status, please contact the NYSRCVI at (585) 343-5384, ext. 207.** Your cooperation in designating one person for this process is appreciated and will help to eliminate duplication of registrations.

**Eligibility:** In order for students to be eligible for registration in the Federal Quota Program, they MUST meet the following requirements:

- Meet the Definition of Blindness (\*MDB) – 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 Function at the Definition of Blindness (\*FDB) which is visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.
- Be enrolled in a formally organized educational program of less than college level.
- School-aged students must be enrolled with the registering school or agency on the first Monday in January. Adult students must be registered for at least three months of instruction during the preceding calendar year (an accumulation of 12 weeks).

There is no chronological age limit for eligibility. However, for adults to be eligible for registration in the Federal Quota Program, they MUST meet the following requirements (for these purposes, an adult is a student over school age as determined by respective state law):

- Meet the Definition of Blindness (\*MDB) – 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 Function at the Definition of Blindness (\*FDB) which is visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.
- Are enrolled in instructional programs, at less than college level, for 20 hours per week. Social and leisure programs do not qualify as instruction. However, student practice to develop skills can be included in instructional hours.
- Registered for at least three months of instruction during the preceding calendar year (an accumulation of 12 weeks).

**\*Level of Visual Functionality Codes (\*MDB or \*FDB) above and Grade Codes below are to be used when completing the registration form. For more detailed information about APH materials and registration, visit [www.aph.org](http://www.aph.org).**

**\*Grade Codes**

**IP** – Infants: Children of preschool age served by infant programs.

**PS** – Preschool Students: Children of preschool age served by preschool programs.

**KG** – Kindergarten Students: Children enrolled in kindergarten classes.

**01-12** – Students of School Age: Determined by state law, in regular academic grades 1 through 12. Please indicate grade placement by using numerals 01 through 12.

**AN** – Academic Nongraded: Students of school age, as determined by state law, who are working to acquire skills necessary for placement in a regular grade.

**FC** – Functional Curriculum Students: Students in Grades 01–12 working toward a graduation certificate or nontraditional diploma (e.g., in New York State this code

would apply to students participating in alternate academic achievement standards leading to a Skills and Achievement Commencement Credential).

**TR** – Transition Students: Students of school age, as determined by state law, in secondary instructional programs designed to supplement the traditional academic curriculum. May include students in post-graduate programs at less than college level.

**OR** – Other Registrants: Students of school age, as determined by state law, who do not fall into any of the above placements (e.g., students enrolled in classes for nonacademic students).

**AD** – All students above your state's age/grade limitation for high school.

**Required Documentation:** The following documents are not to be submitted to APH or the Resource Center, but must be on file with the appropriate agency or school in the event that an audit requires evidence of the student's educational program or visual acuity:

- Written education plan for each student registered. This verification that the student is in a formally organized educational program may be an individualized education program (IEP), a Section 504 Accommodations Plan, or any other written action plan.
  - Current eye report by an ophthalmologist or an optometrist must be on file where the student is enrolled. (A report from a neurologist, etc., is acceptable for students classified as 'Functions at the Definition of Blindness.')
- These reports **must be within the last three years**. Exemptions from the current eye report requirement include: students with proven nonchanging eye conditions, such as bilateral enucleations, anophthalmos, or other conditions determined immutable.

**Registration:** The attached registration form must be completed and received ***no later than March 1, 2017***. Send completed registration forms to:

- For eligible students in public school programs in New York City, forms must be returned to: Educational Vision Services, 400 First Avenue, New York, New York 10010, phone (917) 256-4228.
- Students enrolled at the New York State School for the Blind, Lavelle School for the Blind, Helen Keller National Center for Deaf Blind Youths and Adults, and the New York Institute for Special Education are registered through their own Ex-Officio Trustees and should NOT be sent to the NYSRCVI.
- For all other schools, including those in Nassau and Suffolk Counties, registration forms should be returned by mail to: New York State Resource Center for the Visually Impaired – APH, 2A Richmond Avenue, Batavia, New York 14020 or FAX (585) 343-0652 or email to [Lisa.DeSantis@nysed.gov](mailto:Lisa.DeSantis@nysed.gov).

Once a student is approved for APH materials, it is recommended that schools/agencies assign the responsibility of ordering materials to one person who can also act as the liaison between the school/agency and the NYSRCVI to track the orders and use of the school's/agency's total allotment. All orders should be submitted to the NYSRCVI. Materials acquired with Federal Quota Program funds are considered New York State property. Any questions regarding procedures for ordering APH materials may be referred to NYSRCVI at the above address or by calling (585) 343-5384, ext. 207. All requested information **MUST** be included or the order may be returned, causing a delay in the arrival

of materials. Forms for ordering books and materials can be found on the NYSRCVI website at <http://www.p12.nysed.gov/specialed/nyssb/rc.html>.

**Please Note:** Obtaining instructional materials in alternative formats is a process that requires sufficient lead time and clear and timely communication among school/agency personnel. Orders should be placed as soon as possible so students have access to their instructional materials in a timely manner. It generally takes approximately three to four months for texts to be converted to large print. It takes **an average** of three to six months for straight literary text (without math, special symbols or graphics) to be converted to Braille. Mathematics, music, science, social studies or other textbooks containing symbols, maps, graphs and other graphics take **an average** of six to nine months or longer to produce.

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 Office of Special Education  
 New York State Resource Center for Visually Impaired  
 2A Richmond Avenue, Batavia, NY 14020  
 (585) 343-5384, Ext. 207 / FAX (585) 343-0652

**2016-17 REGISTRATION FORM FOR CHILDREN CLASSIFIED AS LEGALLY BLIND**

**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Last) (First) (M.I.) Month Day Year

**Sex:** Male  Female  \* **Grade** \_\_\_\_\_

School or Agency where individual receives special services for the visually impaired during school hours:  
 Name: \_\_\_\_\_ Public  Private   
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 (This will be the agency listed for the student in the database)

\* **Level of visual functionality code:**  FDB  MDB

**Primary Language of Learner:**  English  Spanish  Other \_\_\_\_\_

Indicate the student's ONE PRIMARY AND ALL SECONDARY READING MEDIUMS in the boxes using 1, 2

	VISUAL - Students use print to some extent
	BRAILLE - Students use braille to some extent
	AUDITORY - Students use a reader or auditory materials to some extent
	NOT APPLICABLE – Nonreaders, pre-readers or students with no additional reading media

\*See enclosures for appropriate coding and/or instructions

**PERSON COMPLETING THIS FORM**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 School District \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

I certify that a current eye report (within the last 3 years) and a valid written education plan is on file for this individual with my school/agency.

\_\_\_\_\_  
 Signature Date