



CALIFORNIA
DEPARTMENT OF
EDUCATION

TOM TORLAKSON
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

December 12, 2011

Dear County and District Directors of Special Education, Special Education Local Plan Area Directors, Adult Education School and Regional Occupational School Principals, Charter School Administrators, and Private School Administrators:

Annual Registration of Legally Blind Students for the American Printing House for the Blind Federal Quota Program

The American Printing House for the Blind (APH) Federal Quota Program allocates federal funds to public and private educational programs that register students who are legally blind. The amount allocated to each agency is based on the number of students registered with the APH. The allocation entitles students to receive textbooks in braille or large print, educational aids, and special equipment at no cost to the local educational agency (LEA).

American Printing House for the Blind Registration Procedures:

The APH will be collecting the information below to enroll students who qualify for the program.

- Definition of legal blindness is divided into two categories:
 - MDB Meets the Definition of Blindness: Central visual acuity of 20/200 or less in the better eye with best correction; or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.
 - FDB Functions at the Definition of Blindness: Visual performance reduced by a brain injury or dysfunction that meets the definition of blindness as determined by an eye specialist or neurologist.
- Language will be determined as the Primary Language spoken by the student in the classroom: Select English, Spanish, Other (indicate language other than English or Spanish: example—American Sign Language), or N/A (Not Applicable for those registrants who do not use speech due to age or developmental level, e.g., infants, etc.). (Enclosure 3).
- Register only students who are legally blind and enrolled in your program as of January 2, 2012.
- If your agency already has registered students, use the enclosed 2011 Preliminary Student Registration (PSR) report to make corrections, changes, or deletions for 2012 (Enclosure 9). Be sure to change the grade level if necessary. Please return the list along with the other registration forms.

- Include a new registration form for each new student (Enclosure 3).
- Complete all information in items 1 through 11 on the registration form. Ensure that MDB or FDB is selected and right and left eye acuities are completed (Enclosure 3).
- Enclosed are lists of reporting codes for each category for the verification and selection of the appropriate code when registering students (Enclosures 4, 5 and 6).
- Students who are enrolled in more than one school must be registered by the agency that is providing the majority of related services. Avoid duplication of student records.
- Return the completed registration forms no earlier than January 2, 2012, and no later than February 1, 2012.

Eye Report: An eye report prepared by an optometrist or ophthalmologist must be thorough and confidential and must confirm that the student's vision falls within the definition of legal blindness. This report must be current within the last three years and must remain with the LEA. Partially sighted students are not eligible.

Agency Certification Form: Fill in all the registration information, and return with other required forms (Enclosure 1).

APH Federal Quota Orders Authorization List: List the person(s) authorized to submit federal quota orders for APH materials and equipment. Please include the title, a telephone number, and an e-mail address for each person and return the form with the registration (Enclosure 2).

Registration deadline is February 1, 2012. If you have any questions, contact Jonn Paris-Salb, Ex-Officio Trustee, by phone at 916-323-2202 or by e-mail at jparissalb@cde.ca.gov or Kelli Cornejo, Manager, by phone at 916-323-4737 or by e-mail at kcornejo@cde.ca.gov. You may also contact James Morrison, Staff Services Analyst, by phone at 916-323-1329 or by e-mail at jmorrison@cde.ca.gov.

Sincerely,



Lupita Alcala, Deputy Superintendent
Instruction and Learning Support Branch

LA:jp
Enclosures

Agency Certification Form
For Registration of Legally Blind Students
As of January 2, 2012

Agency name: _____
County Office, School District, SELPA, Charter or Nonpublic School

Street address: _____

City State ZIP code

Name of Authorized Officer: _____

Title: _____

Address if different from above: _____

Phone number: _____ E-mail address: _____

Total number of blind students reported:

I certify that information contained in this registration is based on current eye report forms retained by this office. To establish eligibility for the American Printing House for the Blind Federal Quota Program, I further certify that this school system has filed with the California Department of Education an Assurance of Compliance Statement–Civil Rights Act of 1964. I also certify that this school system has on file for each student registered a record of the Parental Notice Given and Positive Consent for Release of Confidential Data to the APH.

Return by e-mail no later than **February 1, 2012**, but not before **January 2, 2012** to jmorrison@cde.ca.gov.

If you are registering students for the first time:

If this is the first time submitting for the American Printing House for the Blind Student Registration, please contact James Morrison, Staff Services Analyst, by phone at 916-323-1329 or by e-mail at jmorrison@cde.ca.gov regarding procedures for **encrypting student data** and submitting the packet.

APH Federal Quota Orders Authorization List
Duplicate as needed

Agency name: County Office, School District, SELPA,
Charter School, or Nonpublic School

Date

Please inform us who has been removed from your previous authorization list by entering **REMOVE** on the Title line by the person's name.

Name

Title

Phone number and extension

E-mail address

Name

Title

Phone number and extension

E-mail address

Name

Title

Phone number and extension

E-mail address

Name

Title

Phone number and extension

E-mail address

Name

Title

Phone number and extension

E-mail address

Name

Title

Phone number and extension

E-mail address

Registration of a Legally Blind Student

Important: Read instructions thoroughly before completing this form.

<p>Registering School (only one may register)</p> <p>Nonpublic School _____ (Name)</p> <p>Public School _____ (Name of LEA)</p>
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This form may be duplicated as needed.

1. Parents permission Satisfies APH enrollment requirements for legally blind.

2. Name: _____
Last First

3. Birth date: Month/Day/Year _____/_____/_____ 4. Check One: Male Female 5. Grade Placement Code: _____
(See attached definitions in Enclosure 6)

6. Additional Disabilities—Specify _____
 None

7. Eye Specialist Report—Give Maximum Correction (Distance vision on an eye chart 20/200 or less)

MDB (Meets the Definition of Blindness)

Select one box that applies below:	Select one box that applies below:
<input type="checkbox"/> Right eye acuity: _____ (Write in acuity number)	<input type="checkbox"/> Left eye acuity: _____ (Write in acuity number)
<input type="checkbox"/> NIL (Totally Blind)	<input type="checkbox"/> NIL (Totally Blind)
<input type="checkbox"/> VF and the degree of restriction: _____ (Restricted vision of 20 degrees or less)	<input type="checkbox"/> VF and the degree of restriction: _____ (Restricted vision of 20 degrees or less)
<input type="checkbox"/> CF (Counts fingers)*	<input type="checkbox"/> CF (Counts fingers)*
<input type="checkbox"/> HM (Hand Movements)*	<input type="checkbox"/> HM (Hand Movements)*
<input type="checkbox"/> OP (Object Perception)	<input type="checkbox"/> OP (Object Perception)
<input type="checkbox"/> LP (Light Perception)	<input type="checkbox"/> LP (Light Perception)

FDB (Functions at the Definition of Blindness)—*Should be used only when an eye specialist or neurologist finds it impossible to obtain an acuity by using an eye chart

8. Primary Reading Medium (PRM)—Mark Only One (See Enclosure 5)
 Visual Reader (V) Braille Reader (B) Auditory (A)
 Prereader (P) Nonreader (N)

9. Secondary Reading Medium (Required Category)—Mark Only One (See Enclosure 5)
 Visual (V) Braille (B) Auditory (A) Not applicable (N/A)

10. Third Reading Medium (Optional Category)—Mark One or defaults to NA (See Enclosure 5)
 Visual (V) Braille (B) Auditory (A) Not applicable (N/A)

11. Language—Mark one category. For **other** write in language.
 English Spanish Other _____ N/A

Name and Title of person completing this form:

Phone number:

_____ Name

_____ Title

Instructions for Completing Registration Form

Numbers correspond with numbering on registration form.

1. Agencies must have a parent's (or guardian's) permission to release confidential data to the APH. Please mark the box with an **X** if the parent has given permission to release data to the APH. **If the parent denies permission, the student will be ineligible for the federal quota program.** The school system must maintain on file a record of the parent's consent. The document must be written, signed, and dated; specify any information that will be released; state the purpose of the release; and identify the entities or individuals to whom the release will be made. Documentation should remain with the education record as long as the education record is maintained. The requirement for positive parental consent before releasing confidential student information is a provision of the Family Education Rights and Privacy Act (FERPA, 20 USC Section 1232g; Title 34, Federal Code of Regulations, Part 99) and its counterpart, California *Education Code* Section 49060. These requirements extend to nonpublic schools operating under contract with a public school.

Checking this box indicates that the agency confirms that the student meets the following criteria: Central visual acuity of 20/200 or less in the better eye with best correction; a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees; or visual performance reduced by a brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.

2. Enter the student's full name, only one student per form.
3. Enter the student's date of birth.
4. Mark the appropriate box with an **X** for the gender of the student.
5. Enter the student's grade level. "Key to Grade Placement Codes" is enclosed to assist you in determining the proper code.
6. Enter any additional disabilities of the student.
7. Indicate the student's eye acuity (vision). Check either the MDB or FDB category. If you select MDB check the box that applies. Refer to the eye doctor's report to determine the acuity. (See chart on next page.)
8. Mark the box with an **X** indicating the student's Primary Reading Medium.
9. Check one box that applies, indicating the student's Secondary Reading Medium. (Required Category)
10. Check one box if applicable, indicating the student's Third Reading Medium. (Optional Category)
11. Check the box or enter the primary language spoken by a student in the classroom.

Vision Measurement and Reporting Codes

Reporting Code	Visual Measurement
MDB	<p>Meets the Definition of Blindness: Central visual acuity of 20/200 or less in the better eye with best correction; or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees</p>
Example: 20/200 20/400	<p>Right and Left Eye Acuties Distance Vision: Measurement on an eye chart: 20/200 or less with maximum correction</p>
VF and degree of restriction (e.g., VF 20; VF 6)	<p>Visual Field: Restricted field of 20 degrees or less</p>
CF	<p>Counts Fingers: Should be used only when an eye specialist finds it is not possible to obtain an acuity by using an eye chart</p>
HM	<p>Hand Movements: Should be used only when an eye specialist finds it is not possible to obtain an acuity by using an eye chart</p>
OP	Object Perception
LP	Light Perception
NIL	Totally Blind
FDB	<p>Functions at the Definition of Blindness: Visual performance reduced by a brain injury or dysfunction that meets the definition of blindness as determined by an eye specialist or neurologist</p>

Primary Reading Medium and Reporting Codes

The Primary Reading Medium is to be reported for each student, using the following reporting codes. Only these codes will be accepted.

Note: Infants and preschoolers identified as visual, braille, or auditory readers should be reported using the appropriate media code.

Reporting Code	Primary Reading Medium (Choose One)
V	Visual Readers: Students primarily using print in their studies
B	Braille Readers: Students primarily using braille in their studies
A	Auditory Readers: Students primarily using a reader or auditory materials in their studies
P	Prereaders: Students working on or toward a readiness level; infants, preschoolers, or older students with reading potential
N	Nonreaders: Nonreading students; students who show NO reading potential; and students who do not fall into any of the categories shown above

Secondary Reading Medium and Reporting Codes

The Secondary Reading Medium is a required category. Please check only one secondary reading medium so that a more accurate profile of student literacy can be tracked.

Reporting Code	Secondary Reading Medium (Required Category/Choose One)
V	Visual: Students use print to some extent
B	Braille: Students use braille to some extent
A	Auditory: Students use a reader or auditory materials to some extent
N/A	Not Applicable: Nonreaders, prereaders, or students with NO additional reading media

Third Reading Medium and Reporting Codes

The Third Reading Medium is an optional category. Check one if applicable or automatically defaults to NA-not applicable.

Reporting Code	Third Reading Medium (Optional Category)
V	Visual: Students use print to some extent
B	Braille: Students use braille to some extent
A	Auditory: Students use a reader or auditory materials to some extent
N/A	Not Applicable: Nonreaders, prereaders, or students with NO additional reading media

Key to Grade Placement Codes

Reporting Code	Definition of Student Placement Categories
IP	Infants: Children of preschool age served by infant programs
PS	Preschool Students: Children of preschool age served by preschool programs
KG	Kindergarten: Children enrolled in kindergarten classes
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12	Students of School Age: Students in regular academic grades 1 through 12, as determined by state law. Indicate grade placement by using numerals 1 through 12
AN	Academic Nongraded: Students of school age, as determined by state law, who are working to establish grade placement in an academic program (e.g., students who are working to acquire skills necessary for placement in regular grades)
VO	Vocational Students: Students of school age, as determined by state law, who are in vocational training (e.g., students enrolled in a program that is designed to lead to independent employment). Does NOT include multihandicapped students in prevocational programs or classes
PG	Postgraduate Students: Students of school age, as determined by state law, in postgraduate high school programs studying 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 other placements (e.g., students in prevocational and other classes for nonacademic students)
AD	Adult Students: Adults above school-age level, as determined by state law, in educational programs of less than college level. Includes all eligible participants over school age

Eligibility of Adults

Students in educational programs—but not enrolled in grade twelve or below—**must** “have a written instructional plan and be enrolled in and attend, on a regular basis, an instructional program of at least 20 hours of instruction per week. According to the Ex-Officio Trustee Handbook, social and leisure programs do not qualify as instructional programs.”

Sample

Parent Permission to Provide Information

Name of Local Educational Agency
Street Address
City, State, Zip
Phone

Student's name: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

I give permission, by way of signature, to _____
to share information pertaining to my child with the American Printing House for the
Blind (APH). I am advised that the information obtained will be used for an annual
census conducted by the California Department of Education in accordance with the
APH Federal Quota Program. This federal program allocates instructional materials and
equipment designed to enhance educational programs for the blind in California.

Print Name: _____

Signature: _____ Date: _____

Instructional Materials Ordering and Distribution System

The Media Ordering Guide may be accessed on the California Department of Education (CDE) Web page at <http://csmt.cde.ca.gov/>.

- Click the light blue box: **Logon** button.
- Enter your user name and password (e-mailed from the Clearinghouse for Specialized Media and Translations [CSMT] with Instructional Materials Ordering and Distribution System [IMODS] instructions).
- Click on the **Logon** button.
- A user name and password may be obtained on the CDE CSMT Web page at <http://www.cde.ca.gov/re/pn/sm/>. Open the New Account Form and complete it. E-mail the form to Steven Parker at Sparker@cde.ca.gov.
- When you login, **Welcome** and your name will appear on the right side of the screen.
- Below **Your Account** will be:
 - CSMT Activities for state-adopted textbook orders, Kindergarten through Eighth Grade.
 - APH (American Printing House for the Blind) Federal Quota Program for persons authorized by your agency to submit federal quota orders.

Persons Authorized to Submit Orders Using Federal Quota Funds:

- The APH Federal Quota Program allocates federal funds to public and private educational programs that register students who are legally blind.
- The amount allocated to each agency is based on the number of students registered with the APH.
- IMODS orders can be placed by an authorized person using these federal quota funds.
- To receive a username and password for the APH Federal Quota Program your name needs to be on the list of persons authorized to submit federal quota orders.
- The educational agency returns the authorization list in their annual registration packet of qualified legally blind students.
- The APH catalog can be found at <http://www.aph.org> (Outside Source). Click on the blue box: **Shop** button.

APH Products and Textbooks Ordering Procedures:

- Enter the catalog number (including dashes) listed in the APH catalog into the search box.
- Click on the **GO** button to show search results.
- Double click on the catalog number below the APH Product Search—for a description of the item.
- Verify that this is the product or book needed for your order.
- Below available formats, click **Add to Cart** for that catalog number.
- The Shopping Cart will display the list of items ordered.
- Enter the number to order in the **Qty** [quantity] box and click on the **Update Cart** button.
- If an asterisk (*) appears next to the catalog number, the item will be ordered and sent from the APH Warehouse in Kentucky. If there is not an asterisk (*), the item will be sent from the APH stock at the CSMT Warehouse in Sacramento.
- Select the **Continue Shopping** button to order more products.
- Search for another catalog number and repeat the above steps.
- If an APH catalog number is not found using the search criteria, contact the CSMT by e-mail (Enclosure 1) to request that the catalog number and product description be added to IMODS.
- Continue to add items (up to 20) until all necessary products are ordered and placed in the shopping cart.
- Consolidate orders being shipped to the same person at the same address (this is easier for you and for us at the CSMT).
- Click on the **Check Out** button.
- Select the address and verify the accuracy of the shipping information.
- Click on the **Confirm Order** button to submit the order on IMODS.
- Print the order number for your record(s).

Attention
For Continuing Students

Attached is the Preliminary Student Registration (PSR) report listing the students registered with your program last year in January 2011. Please complete the registration of returning students by making corrections or changes to the spreadsheet. If a student is no longer enrolled in your program, please enter **TRUE** in the **MarkedForDeletion** column for the student. Return the list with your certification form (Enclosure 1), the APH Federal Quota Orders Authorization List (Enclosure 2), and the new registration forms (Enclosure 3) to our office after January 2, 2012, but no later than February 1, 2012.

Electronic submission of the registration packet:

Please contact James Morrison, Staff Services Analyst, by phone at 916-323-1329 or by e-mail at jmorrison@cde.ca.gov, regarding procedures for **encrypting student data** and submitting the packet.

Please refer to the Reporting Codes and Instructions for Registration to make any necessary changes to:

- Grade
- Visual Function (MDB or FDB)
- Language (English [EN], Spanish [SP], Other [OT], or Not Applicable [NA])
- Primary Reading Medium
- Secondary Reading Medium
- Third Reading Medium

Indicate on the PSR report Function column whether the student is MDB or FDB. If right and/or left eye acuities have changed note the new information in the Free Form Entry space. Also indicate the student's primary language on the PSR report in the Language column.

Please verify all three reading media categories for each returning student. Nonreaders in the Primary Reading Medium will be N/A (Not Applicable) in the Second and Third Reading Media. Choose only one reading medium in each category and do not repeat any of the options in the three different fields. Prereaders in the Primary Reading Medium can be visual, braille, auditory, or N/A in the Secondary Reading Medium. If N/A is chosen in the Secondary Reading Medium, then N/A has to be chosen in the Third Reading Medium. The Third Reading Medium is optional and will default to N/A if a code is not chosen.