**2021 APH Count**

**American Printing House for the Blind Count Registration Packet**

The New Hampshire Department of Education will begin the 2021 American Printing House for the Blind Count on Monday, January 4, 2021. The American Printing House for the Blind Federal Quota Program, also known as the APH Count, is conducted annually in each state by the APH Ex-Officio. Documents that are required to register each qualified individual for the 2021 APH Count include:

* 2021 APH Federal Quota **Preliminary Registration Roster**
* 2021 APH Federal Quota Count **Initial Registration Form for New Individuals**
* 2021 APH Federal Quota Count **Assurance Form for Agency Registration**
* 2021 APH Federal Quota **Parent/Guardian Consent Form** or **Adult Consent From**

The following three documentsmust be submitted to the New Hampshire Department of Education, Bureau of Student Support, no later than Friday, February 19 2021.

**1. 2021 APH Federal Quota Preliminary Registration Roster:** This roster includes Individuals previously registered plus an area where you can add any new individuals to register for the 2021 APH Count. This roster will be sent to you via mail by the New Hampshire Department of Education, New Hampshire Accessible Materials (NHAEM).

The Preliminary Registration Roster lists the individuals registered with your program last year, January 2020. Please complete registration of continuing individuals by making corrections or changes directly below their name on this list. If the individual is moving from early supports to school age or from school age to the adult program please indicate in the comments section on the roster.

If an individual is no longer enrolled in your program, please draw a line through the name. Please indicate if the individual is still in New Hampshire and transitioned to another program in the comments section on the roster.

For new individuals, add their name, grade, date of birth, language, eligibility: MDB/FDB, and primary reading medium at the bottom of the page.

**2. 2021 APH Federal Quota Initial Registration Form for New Individuals**: This form requires information regarding a new individual such as name, date of birth, grade, the definition of blindness that qualifies the individual, the primary language used in the classroom or program and the reading mediums. This form is required for any new individuals to the Federal Quota Count. Please refer to additional information and instructions included in this packet to assist in completing this form.

**3. 2021 APH Federal Quota Count Assurance** **Form:** This form must be signed by the authorized staff submitting the information about the individual(s) being registered as an assurance that all required documents submitted, or on file, are complete and accurate.

Please **mail** the completed 2021 APH Preliminary Registration Roster, APH Federal Quota Initial Registration Form for New Individuals, and the 2021 APH Federal Quota Count Assurance Form to:

Barbara Dauphinais, NH APH Ex-Officio Assistant

New Hampshire Department of Education  
Bureau of Student Support ~ NHAEM  
101 Pleasant Street

Concord, New Hampshire 03301

**2021 APH Count Required Documentation**

The following documents **must be on file with** **the local agency or school** for each registered individual in the event that an audit requires evidence of the individuals’ educational program, family plan or visual functioning. Please **do not** **submit** these to the New Hampshire Department of Education.

* **Written Individual Education, 504, or Individual Family Service Program** to verify that the individual is in a formally organized educational program. It may be an IFSP, IEP, a 504, or any other written action plan. An individual who is legally blind can be registered for Federal Quota Funds even if he/she does not currently receive Special Education Services as long as there is a written education plan and a current eye report.
* **Parent/Guardian Consent Form or Adult Consent Form:** The Parent/Guardian Consent Form or Adult Consent Form only needs to be signed and obtained once, upon the initial registration of the individual for as long as the individual remains in the same placement. A new signed Parent/Guardian Consent Form or Adult Consent Form will be required when the individual moves to a new agency or district. The Parent/Guardian Consent Form or Adult Consent Form remains on file at the school/agency in case of an audit.

These forms are documentation that the school/agency has notified parents/individuals of their right to consent to release personally identifiable information regarding the Federal Quota Annual Census Registration process in accordance with the Family Educational Rights and Privacy Act (FERPA.) During the Federal Quota Program parents/individuals are asked to consent to the release of personally identifiable information such as name, date of birth, grade placement, school district/agency, indication of visual functioning, and primary and secondary reading medium to the American Printing House for the Blind.

* **Current Eye Report** by an ophthalmologist or optometrist. Other medical doctors, such as a neurologist, is able to identify an individual under the category of “Functions at the Definition of Blindness.”

**Optional Form for Documentation: *New Hampshire APH Registration Eye Report Form***

This form can be sent to ophthalmologists, optometrists, and other medical doctors, such as neurologists, in order to gather documentation to determine if individuals Meet the Definition of Blindness or Function at the Definition of Blindness thus enabling the individual to be included in the APH Count.

Please work with your TVI or contact Mary Lane: 271-3740 or [Mary.Lane@doe.nh.gov](mailto:Mary.Lane@doe.nh.gov) at the New Hampshire Department of Education for further information or questions.

Adrienne Shoemaker - New Hampshire TVI/American Printing House for the Blind APH Scholar is an additional resource available to support families, schools, and agencies in determining whether your individual qualifies for the 2021 APH Count.

**The Federal Quota Program**

**What is Federal Quota?**

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. New Hampshire’s Ex-Officio Trustee is Mary Lane at the New Hampshire Department of Education for the Early Supports and Services Program and school age children. Daniel Frye is New Hampshire’s Ex-Officio for the Adult Population

**How Does the Federal Quota Program Work?**

A Congressional appropriation, designated to provide educational materials for students who meet the definition of blindness, is made each October in the federal budget. This allotment is divided by the total number of eligible students and clients in educational or instructional programs at less than college levels on the first Monday of the preceding January. This division results in a per capita amount that is then multiplied by the number of registered students in each Federal Quota account. This amount is credited to each respective account, thus establishing each account’s "quota" for the federal fiscal year. The money from the federal appropriation is deposited in a bank account separate from all other monies handled by APH.

**What is Available through Federal Quota?**

A wide variety of specially designed and adapted materials are available from APH. Products are available on a loan basis in each area of the core curriculum and expanded core curriculum, such as:

* English and Language Arts
* Mathematics
* Science and Health
* Social Studies
* Fine Arts
* Vocational Education
* Physical Education
* Communication Modes and Literacy
* Sensory Efficiency and Low Vision
* Orientation and Mobility
* Assistive Technology
* Career Education and Transition
* Self Determination
* Daily Living and Social Interaction
* Recreation and Leisure
* Embossers

Quota products can be found at the American Printing House for the Blind shopping site, [shop.aph.org](https://shop.aph.org/). Products are available on Quota unless otherwise stated.

**Who is Eligible?**

There is no age limitation. The count includes infants, school-aged students, home-schooled students, and adults. In order for individuals to be eligible for registration in the Federal Quota Program, they MUST meet the following requirements:

**Functionality: Meet the Definition of Blindness (MDB)** or **Function at the Definition of Blindness (FDB)**

* **Meet 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
* **Function 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).

**Infants/Birth to Three**

* Babies must be born and registered with an agency by the first Monday in January.
* Eligible infants can be registered if they are enrolled in a formally organized, regularly scheduled educational or training program and have an individualized family service plan (IFSP) or any other written plan may be used.  They can be registered with a note from their pediatrician, or any eye care specialist, stating they meet the definition of blindness or function at the definition of blindness since an actual acuity is impossible to obtain at this age.
* Signed Parent/Guardian Consent Form on file.
* At age three, the regular eye report must be obtained to verify they are MDB or FDB (Meets or Functions at the Definition of Blindness).

**School-Aged Students:**

* Must be enrolled in a formally organized educational program, of less than college level, by the first Monday in January.
* Signed Parent/Guardian Consent Form.
* Homeschooled students can be registered if enrolled in home school programs that meet State guidelines. Students must have a written education plan. A written education plan is not an IEP, although an IEP can serve as the plan.

**Adults:**

There is no chronological age limit for eligibility. However, they MUST meet the following requirements:

* Be enrolled in a formally organized public or private, nonprofit educational program of less than college level. (Adult students previously enrolled in college level programs ARE eligible).
* Adults must have been receiving 20 hours per week of documented instruction for 12 weeks during the 2020 calendar year. The weeks do not need to be consecutive. Social and leisure programs do not qualify as instruction. However, student practice to develop skills can be included in instructional hours.
* Signed Adult Consent Form or Parent/Guardian Consent Form.

**APH DATA CONFIDENTIALITY POLICY**

The U.S. Congress passed the “Act to Promote the Education of the Blind of March 3, 1879,   
"20 U.S.C. 101-106a. This Act set up a system to provide free schoolbooks and tangible apparatus for blind students and named the American Printing House for the Blind (APH) as the national central source of these educational materials.

By this Federal Act, Congress created an annual appropriation for the specific purpose of "manufacturing and furnishing books and other materials (Quota Materials) specially adapted for instruction" of students who are blind in the United States and its Territories and possessions, the Commonwealth of Puerto Rico, and the District of Columbia.

In order to determine who is eligible for Federal Quota Materials, an annual national census is taken. The effective date of this census is the first Monday of January each year. The purpose for the census is to identify students who qualify as meeting the definition of blindness or function according to the definition of blindness and are enrolled in a public education or vocational rehabilitation (VR) program.

APH understands that this yearly census seeks personally identifiable information (PII) contained in education records and personal information contained in VR records of service, and APH acknowledges our responsibility to respect the confidentiality of student records received and to act in a professional manner in the handling of all student data. APH will ensure that confidential data, including data on individual students, is not created, collected, stored, maintained, or disseminated in violation of any applicable State and Federal laws.

Furthermore, APH agrees to the following guidelines regarding the appropriate use of student data collected for the Annual Census required by Federal law for the sole purpose of identifying students who are eligible to receive a portion of the Federal Quota.

• APH will comply with all applicable Federal and State privacy laws governing PII contained in   
 education records maintained by local education agencies and state education agencies,   
 including:

* The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 CFR Part 99
* The confidentiality of information requirements in the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1417(c) and 34 CFR §§300.610-300.626.

• Further, APH will ensure that it will use any personal information contained in VR records of service

only for purposes directly connected to the administration of the VR program, specifically for the

purpose of ensuring that students served by the VR program obtain the books and other   
 instructional materials needed to participate in the VR program (34 CFR 361.38(b))

**Data will only be obtained for the Annual Census.**

**Information gathered will include only:**

* Name
* Date of birth
* School system or agency in which student is enrolled
* Grade Placement
* Measurement of vision in right eye
* Measurement of vision in left eye
* Primary reading medium
* Primary Language of Learner

• APH policies limit the sharing of individually identifiable student data. Only the agency   
 responsible for collecting quota information will have access to the PII submitted. If APH   
 receives a request for PII, APH will direct the requesting party to contact the original agency that   
 submitted quota information. APH will not disseminate PII information.

• APH will store all PII on a secure server within a protected password environment, and will lock   
 hard copies in a secure cabinet not accessible by the public.

• APH will maintain the PII for the duration of the yearly quota cycle, beginning the first Monday in   
 January and APH will destroy electronic information and shred hard copies of PII before the first   
 Monday in January of the following year.

• APH will maintain State aggregate numbers yearly but will not indicate location of students within   
 the State or district.

**2021 APH Federal Quota Count**

**Initial Registration Form for New Individuals Instructions**

1. Print or type the new individual’s full name, only one individual per form.
2. Print or type School District / Organization / Program.
3. Print or type the Individual’s date of birth.
4. Print or type the Individuals Placement Code. “Individual Placement Codes Chart” is   
   enclosed to assist you in determining the proper code.
5. Indicate the individual’s measure of visual function: check either the MDB or FDB category.
6. Check the box or write the primary language used for instruction by the individual.
7. Check one box with an **X** indicating the individual’s Primary Reading Medium (Required Category).
8. Check one box that applies, indicating the Individual’s Secondary Reading Medium (Required Category).
9. Check one box if applicable, indicating the individual’s Other Reading Medium (Optional Category).
10. Provide the signature of person submitting the information and the date of signature. Contact information may include phone number and e-mail address.

**2021 APH Federal Quota Count**

**Initial Registration Form for New Individuals**

**1. Name:**

**2. Agency/School District /Program enrolling the individual**

**3. Date of Birth**: **Month/Day/Year**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Individual Placement Code:**

Infant/Toddler, Preschool, Kindergarten, School-Aged Student, Adult: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If school-aged student, specify grade level (01-12): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­

**5. Measure of Visual Function - Please check either MDB or FDB**

□ **MDB (Meets the Definition of Blindness)** 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

□ **FDB (Functions at the Definition of Blindness)** 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)

**6. Primary Language of Learner – Primary Language used for instruction in the classroom**

□ English □ Spanish □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Reading Medium(s) – Primary Reading Medium** **(Required Category)   
 Mark only one:**

□ Visual Reader (V) □ Braille Reader (B) □ Auditory (A)

□ Prereader (PRE) □ Symbolic Nonreader (SN)

**8. Secondary Reading Medium** (**Required Category**) - **Mark Only One:**

□ Visual (V) □ Braille (B) □ Auditory (A) □ Not applicable (N/A)

**9. Other Reading Medium** (**Optional Categor**y) - **Mark One or defaults to NA**

□ Visual (V) □ Braille (B) □ Auditory (A) □ Not applicable (N/A)

­­­­­­­­­

**10.** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Placement Codes Chart**

|  |  |
| --- | --- |
| **Reporting Code** | **Definition of Student Placement Categories** |
| **IP** | **In Infants and Toddlers**  Children served by infant and toddler programs - Early Supports and Services |
| **PS** | **Pr Preschool Students:**  Children of preschool age served by preschool programs |
| **KG** | **Ki Kindergarten:**  Children enrolled in kindergarten classes |
| **01–12** | **Students of School Age:**  Students in regular academic grades 01 through 12, as determined by State law. Indicate grade placement by using numerals 01 through 12 |
| **AN** | **Ac Academic Non-Graded:**  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) |
| **TR** | **V Transition Students:**  Students of school age as determined by State law in secondary instructional programs designed to supplement the traditional academic curriculum |
| **FC** | **Po Functional Curriculum Students:**  Students in 01 through 12 working toward a graduation certificate or non-traditional diploma |
| **AD** | **A Adult** |
| **OR** | **Ot Other Registrants:**  Individuals /students of school age/adults, 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) |

**Primary Reading Medium and Reporting Codes Chart**

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** ( Required Category/Choose One) |
| **V** | **Vi Visual Readers:** Individuals primarily using print in their studies |
| **B** | **Br Braille Readers:** Individuals primarily using braille in their studies |
| **A** | **Auditory Readers:** Individuals primarily using a reader or auditory materials in their studies |
| **P** | **Pre-readers:** Individuals working on or toward a readiness level; infants, preschoolers, or older students with reading potential |
| **SN** | **Symbolic Nonreaders:** Non-reading individuals: individuals who show NO reading potential; and individuals 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** | **Vi Visual**: Individuals use print to some extent |
| **B** | **Br Braille**: Individuals use braille to some extent |
| **A** | **A Auditory**: Individuals use a reader or auditory materials to some extent |
| **N/A** | **Not Applicable:** Nonreaders, pre-readers, or individuals with NO additional reading media |

**Other Reading Medium and Reporting Codes**

The Other Reading Medium is an optional category and not a required field. Check one if applicable or automatically defaults to NA - not applicable.

|  |  |
| --- | --- |
| **Reporting Code** | **Other Reading Medium** (Optional Category) |
| **V** | **Vi Visual:** Individualswho use print to some extent |
| **B** | **Br Braille:** Individuals who use braille to some extent |
| **A** | **A Auditory**: Individuals who use a reader or auditory materials to some extent |
| **N/A** | **Not Applicable:** Nonreaders, pre-readers, or individuals with NO additional reading media |

**2021 APH Federal Quota Count Assurance Form**

**For Agency Registration**

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District, Family Centered Early Supports and Services /Agency, 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:

**Note:** The APH Federal Quota Eligibility requirement:

***M*eets 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:** 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).

I certify that information contained in this registration is based on current eye report forms retained by this office. To establish eligibility for American Printing House for the Blind Federal Quota Program I also certify that this agency has on file for each student registered a record of the Parent/Guardian /Student Permission Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Signature Date

Title

**2021 APH Federal Quota**

**Parent/Guardian Consent Form**

In order to register my child with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school/agency name) and the American Printing House for the Blind (APH\*), I hereby authorize the local school district and/or agency to share my child’s personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that I am the parent(s)/guardian(s)   
of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s full name), whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s complete date of birth), 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 revoke it in writing. I further understand that I can revoke this release at any time by sending an e-mail to [Mary.Lane@doe.nh.gov](mailto:Mary.Lane@doe.nh.gov)

Parent Signature:

Date: ­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­

\*APH is a nonprofit organization for the blind. According to the Federal “Act to Promote the   
 Education of the Blind” all students who meet the definition of blindness can receive specialized   
 textbooks and accessible materials through the APH Federal Quota Program.

I am advised that the information obtained will be used for an annual census conducted by the New Hampshire Department of Education, Bureau of Student Support in accordance with the APH Federal Quota Program. The APH Federal Quota Program established by the Education Act of the Blind provides resources including specialized materials to students who qualify under the APH Count.

Parent Signature:

Date: ­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­

**2021 APH Federal Quota**

**Adult Consent Form**

In order to register me with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(agency name) and the American Printing House for the Blind (APH\*), I hereby authorize the local school district and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency name) to share my personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), whose date of birth is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identify that I am independent according to Section 152 of the Internal Revenue Code because I am over eighteen years of age. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an e-mail to [Mary.Lane@doe.nh.gov](mailto:Mary.Lane@doe.nh.gov)

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

\*APH is a nonprofit organization for the blind. According to the Federal “Act to Promote the   
 Education of the Blind” all students/individuals who meet the definition of blindness can receive   
 specialized textbooks and accessible materials through the APH Federal Quota Program.

I am advised that the information obtained will be used for an annual census conducted by the New Hampshire Department of Education, Bureau of Student Support in accordance with the APH Federal Quota Program. The APH Federal Quota Program established by the Education Act of the Blind provides resources including specialized materials to individuals who qualify under the APH Count.

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

**New Hampshire APH Registration Eye Report Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Demographics** | | | | | | |
| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Current Eye Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Section 2: Federal Quota Fund Registration** | | | | | | |
| * **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). | | | | | | |
| **Section 3: Visual Diagnosis & Prognosis** | | | | | | |
| **Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Prognosis:**  stable unstable capable of improving uncertain | | | | | | |
| **Section 4: Acuities & Visual Fields** *If unable to obtain Snellen Acuity, consider the Functions at the Definition of Blindness (FDB) criteria* | | | | | | |
|  | **Distance Acuity (ft.)** | | | **Near Acuity (in.)** | | |
|  | **O.D.** | **O.S.** | **O.U.** |  | **O.D O.S.** | **O.U.** |
| **Corrected** |  |  |  |  |  |  |
| **Without Correction** |  |  |  |  |  |  |
| **Counts Fingers:**  O.D O.S **Hand Movement:**  O.D O.S  **Object Perception:** O.D O.S **Light Perception:**  O.D O.S  **Is there a field limitation**? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please attach diagram of visual fields if tested.* | | | | | | |
| **Section 5: Authorizations** | | | | | | |
| Doctor’s Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doctor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD or OD (circle one)  Parent/guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *I authorize the above person to release this information for educational purposes.* | | | | | | |

**APH Federal Quota Documentation | Birth-Age 3**

Children age birth–3 are eligible to be registered for the American Printing House for the Blind Federal Quota Program. This program provides access to educational materials for children and their providers.

The registration requirements for children in this age group are:

* Baby must be born by the first Monday in January
* Parent Permission
* Note from doctor indicating that the child meets the definition of blindness or functions at the definition of blindness.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Child meets the definition of blindness**

 **Child functions at the definition of blindness**

Doctor Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**American Printing House for the Blind Informational Letter**

Dear Parent/Guardian:

Your child qualifies to register as a student who *Meets the Definition of Blindness* or *Functions at the Definition of Blindness* in the American Printing House for the Blind Annual Federal Quota Count. As a student on the count, your child is eligible to borrow and use materials from New Hampshire Accessible Educational Materials (NHAEM) located at the New Hampshire Department of Education in Concord, New Hampshire. The educational materials can be requested for the home, agency or school setting.

**What is Available through Federal Quota?**

A wide variety of specially designed and adapted materials are available from APH. Products are available in each area of the core curriculum and expanded core curriculum, such as:

* English and Language Arts
* Mathematics
* Science and Health
* Social Studies
* Vocational Education
* Physical Education
* Communication Modes and Literacy
* Core Curriculum
* Reading/Writing
* Visual Efficiency and Low Vision
* Early Childhood
* Orientation and Mobility
* Assistive Technology
* Career Education and Transition
* Tactile Learning
* Braille Learning Products
* Self Determination
* Daily Living and Social Interaction
* Games, Puzzles and Toys
* Recreation and Leisure

Quota products can be located on the American Printing House for the Blind shopping site [shop.aph.org](https://shop.aph.org/). Products are available on Quota unless otherwise stated.

Parents and school district personnel can create an account to access the **New Hampshire Accessible Educational Materials (NHAEM) Online Inventory System** to order American Printing House for the Blind (APH) materials and products purchased through the Federal Quota Program for the New Hampshire blind and visually impaired students eligible under the Federal Act to Promote the Education of the Blind.

The NHAEM Online Inventory System is accessed through the NHDOE single sign on system, my NHDOE [my.doe.nh.gov](https://my.doe.nh.gov/myNHDOE/Login/Login.aspx)

After creation of an account with myNHDOE, please contact Barbara Dauphinais for permissions to access the NHAEM Online System: [Barbara.Dauphinais@doe.nh.gov](mailto:Barbara.Dauphinais@doe.nh.gov) | (603) 271-3791