

## APH Federal Quota Individual Profile Prep Template

**First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Assigned TVI/Vision Coordinator:** \_\_\_\_\_

**District/Agency Type:** \_\_\_\_\_

(Area Agency (Birth to Three), Out of State, Parental Responsibility, School District of Liability)

**District/Agency:** \_\_\_\_\_

**School/Program Type:** \_\_\_\_\_

(FCESS, Homeschool, Out of State Placement, Public & Charter Schools, State Approved  
SPED Program)

**School/Program:** \_\_\_\_\_

**Town of Residence Type:** \_\_\_\_\_

(NH Town, Non-NH Town, Other)

**Town of Residence:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

(Infants and Toddlers, Preschool Students, Kindergarten, 1<sup>st</sup>-11<sup>th</sup>, 12+, Adult)

**Measure of Visual Function:** \_\_\_\_\_

(Meets or Functions at the Definition of Blindness OR Qualifies Under the IDEA Definition)

**Primary Language Used for Instruction in the Classroom:** \_\_\_\_\_

(English, Spanish, Other)

**Primary Reading Medium:** \_\_\_\_\_

(Auditory, Braille, Pre-reader, Symbolic Reader, Visual)

**Secondary Reading Medium:** \_\_\_\_\_

(Auditory, Braille, Visual, Not Applicable)

**Other Reading Medium:** \_\_\_\_\_

(Auditory, Braille, Visual, Not Applicable)

**Parent/Guardian Consent or Adult Consent on File?:**

**Written Education Plan on File?:**

**Eye Report on File (NOT Required)?:**

***If this individual has left the district or exited the NHAEM program for any reason, enter that information below:***

**Reason Exited Program or District:** \_\_\_\_\_

(Graduated, Received Certificate, Deceased, Moved, known to be continuing, Dropped Out, No  
Longer Qualifies, Exiting Part C; Entering Part B)

**Exit Date (mm/dd/yyyy):** \_\_\_\_\_

**Comments:** \_\_\_\_\_