

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, 1st-11th, 12+, Adult)

Measure of Visual Function: _____

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

Primary Language: _____

(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: _____