

## Registration of an Infant with Visual Impairment, Including Blindness

Last name:

First name:

Date of Birth (mm/dd/yyyy):

Community Center Board:

Agency providing services:

County of Residence:

School District of Residence:

Date your (TVI) vision services started:

Diagnosis (primary cause of the visual impairment):

Are you requesting that the CIMC enter this student's information in the Federal Quota Census database?

If "No" - sign, date, & send. You are now finished registering this infant for the statewide count. Thank you for your time to keep your count accurate.

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Complete the following portion only for the Federal quota database

If "Yes", continue filling out the rest of this form. To be eligible to be included in the federal quota census (held the first Monday in January annually), the following criteria are required:

Infant is enrolled in a Colorado program on count day (first Monday in January).

Have a written plan effect on count day (such as an IFSP, IEP) in. Do not send a copy to the CIMC.

A current eye report on file with your agency (for infants, we require the use of the "CIMC MDB/FDB form" to verify the student Meets or Functions at the Definition of Blindness). Do not send a copy to the CIMC.

A signed parent consent form (titled, "Parent Consent Form for APH, CDE, CIMC and CSDB") on file with your agency, along with a copy sent to the CIMC.

Do you have an eye exam report on file in your agency?

Yes

Date:

It's coming. I will email [cimcregistrations@csdb.org](mailto:cimcregistrations@csdb.org). (Must be received by Feb. 28)

Do you have a copy of the MDB/FDB form, signed by an Optometrist or Ophthalmologist on file with your agency?

Yes

No

It's coming (I will send an email to [cimregistrations@csdb.org](mailto:cimregistrations@csdb.org) when I get it.)

Which box did the doctor check on your MDB/FDB form?

Is not legally blind

Meets the Definition of Blindness (MDB)

Functions at the Definition of Blindness (FDB)

Do you have a signed "Parent Consent Form for APH, CDE, CIMC, and CSDB" on file with your agency?

Yes

No

It's coming (I will send a copy to [cimregistrations@csdb.org](mailto:cimregistrations@csdb.org) as an attachment in an encrypted email-to protect the infant's personally identifiable student information (PII) - when I get it and have it on file.)

Language of instructional materials used with this infant, NOT the language spoken in the home (required by the Federal Quota):

Primary Reading Medium (required by the Federal Quota)

visual

braille

auditory

pre-reader

symbolic/non-reader

Secondary Reading Medium (required by the Federal Quota)

visual

braille

auditory

N/A

I hereby attest that all the information I am submitting is true and complete to the best of my knowledge. By checking the following box and entering your full electronic legal signature, you attest to these statements:

TVI's name:

Signature (electronic signatures accepted) of the TVI completing this form:

TVI's email address:

TVI's phone number:

Date:

Please return this form as an attachment to an encrypted email to:  
[cimregistrations@csdb.org](mailto:cimregistrations@csdb.org)