



**Department of
Education &
Workforce**



**Assistive Technology &
Accessible Educational
Materials Center**
POWERED BY OCALI



American Printing House
for the Blind, Inc.

PERMISSION TO REGISTER FOR FEDERAL QUOTA

Name of Student/Individual: _____

Name of Parent/Guardian or Individual: _____

Each year, the Ohio Department of Education and Workforce, Office for Exceptional Children conducts an annual registration of blind students in the state of Ohio. This registration, conducted on behalf of the Department by the Assistive Technology & Accessible Educational Materials (AT&AEM) Center at OCALI, takes place in January and is a requirement of the Federal Act of Promote the Education of the Blind, which was enacted in 1870. This Act provides Ohio with an allotment of federal funds for purchasing the adapted educational materials and equipment needed by students who are legally blind.

This registration will not affect the present placement or program of the individual being registered. To facilitate this registration, your student's service provider will be completing a registration form and send it to the AT&AEM Center, who will in turn complete the federal registration as necessary.

I hereby authorize (*the local school district*) to share my/ my student'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) with the following:

- Designated Regional APH Census Representative (e.g. Teacher of the Visually Impaired, Special Education Coordinator, Intervention Specialist, etc.)
- The Assistive Technology & Accessible Educational Materials (AT&AEM) Center
- Ohio Department of Education and Workforce, Office for Exceptional Children
- American Printing House for the Blind (APH)

All medical information is to be kept on file with the individual's current service provider (school district, infant learning program, or agency) and must be kept confidential.

Please indicate your approval of this registration by checking the appropriate box and signing below:

I approve the annual registration for my student or myself during each registration period unless I notify the district in writing that I revoke my consent.

I do not approve the registration for my student or myself.

Parent/Guardian or Individual Signature: _____

Date: _____

Please return this completed form to your child's school of attendance