Indicate whether the student Meets the Definition of blindness (MDB) or Functions at the Definition of blindness (FDB)

Grade level as of

January 4, 2021

Indicate the primary materials the student will utilize in the classroom

Indicates if parent

consent to release

information has

been returned

Recommended but not required: Indicate date of ocular, or if student is exempt from recertification.

If student is to be deleted, indicate reason, and new district if known.

Any other
comments or
special notes should
be included here.

Make changes for the current year for each student.

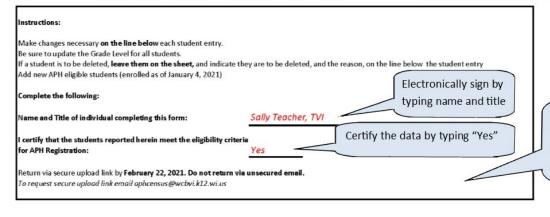
Add new students here

											- 1/	4					
	District/Agency	Year	DOB	Last Name	First Name	Middle Name	Grade	E	N	DDM	CDM	ORM		Ocular Date and/or Exempt/Permanent and/or waiver	Delete and Reason	Other Notes (Name of new educational placement, Twin, Name change, etc)	
					riistivaille	ivaille		_	_	Fruyi	_	-	$\overline{}$	•	and Reason	Twit, teame change, etc)	
\	Sample District	2020	5/24/2010	Student	Emma		Grade 4	MDB	EN	В	A	NA	Yes	Ocular report on file at school district			
1		2021					Grade 5										
	Sample District	2020	7/3/2012	Child	Charlie		Functional Curriculum	FDB	EN	SN	NA	NA	Yes	1.3.14 Exempt			
		2021													Delete: moved	Test District	
_	New Students:																
	Sample District	2021	9/5/2008	Friend	Marcus		Grade 8	MDB	EN	٧	A	В	Yes	1.11.21			
	Sample District	2021	12/4/2014	Ramirez	Yese		Grade 2	MDB	SP	В	٧	A	Yes	8.11.2017 ocular, COVID waiver: new ocular	ot able to be obtained		

Language spoken

by the student in

the classroom



Save the file and return to WCBVI via previously sent Kiteworks secure email link.