District/Agency	Year	DOB	Last Name	First Name	Middle Name	Grade	Func.	Lang.	PRM	SRM	ORM	ROI	Ocular Date and/or Exempt/Permanent and/or waiver	Delete and Reason	Other Notes (Name of new educational placement, Twin, Name change, etc)
Sample District	2020	5/24/2010	Student	Emma		Grade 4	MDB	EN	B	A	NA	Yes	Ocular report on file at school district		
	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	V	A	B	Yes	1.11.21		
Sample District	2021	12/4/2014	Ramirez	Yese		Grade 2	MDB	SP	B	V	A	Yes	8.11.2017 ocular, COVID waiver: new ocular not able to be obtained		

Make changes for the current year for each student.

Add new students here

Grade level as of January 4, 2021

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

Language spoken by the student in the classroom

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.

Instructions:

Make changes necessary **on the line below** each student entry.
Be sure to update the Grade Level for all students.
If a student is to be deleted, **leave them on the sheet,** and indicate they are to be deleted, and the reason, on the line below the student entry
Add new APH eligible students (enrolled as of January 4, 2021)

Complete the following:

Name and Title of individual completing this form: *Sally Teacher, TVI*

I certify that the students reported herein meet the eligibility criteria for APH Registration: *Yes*

Return via secure upload link by **February 22, 2021. Do not return via unsecured email.**
To request secure upload link email aphcensus@wcbvi.k12.wi.us

Electronically sign by typing name and title

Certify the data by typing "Yes"

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