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## MEMORANDUM

**TO:** Executive Directors, DSN Boards of Case Management and Early Intervention  
CEOs, Contracted Service Providers of Case Management and Early Intervention  
Case Management and Early Intervention Supervisors  
DDSN Regional Centers  
Community ICFs/IID

**FROM:** Lori Manos, Associate State Director-Policy *fm*

**DATE:** January 15, 2025

**RE:** 2025 Federal Quota Registration of Blind Students Deadline

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The purpose of the Federal Quota Registration of Blind Students is to provide funding for adapted educational material to eligible students who meet the definition of blindness. The annual registration determines a per capita amount of money designated for the purchase of the material produced by American Printing House for the Blind. Individuals that meet the criteria must be counted in the census so funds can be allocated. The deadline for registration is **February 17, 2025**.

It is important to include any person you serve who meets the criteria, regardless of whether they are served by the school system or the SC School for the Deaf and Blind. If your agency submitted names for the 2024 census, the report will be sent to you in a separate email. New names should be reported on the 2025 Preliminary Registration Form which is attached to this memo. Each section of the form, except for the Student ID number, must be completed. Please note the following information as you complete the census:

1. The person:
  - a. **Must meet the Definition of Blindness (MDB)** which is a central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.

OR

- b. Must **function at the Definition of Blindness (FDB)** which is visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.

OR

- c. Qualifies under the **Individuals with Disabilities Education Act (IDEA)** definition of blindness: an impairment in vision, that, even with correction, adversely affects a child's educational performance (34 CFR §300.8(c)(13)).
2. There is **no age limit** for eligibility.
  3. **Be enrolled** in a formally organized educational program of less than college level.
    - a. Include children who receive Early Intervention or preschool programs.
    - b. Include school-age children who are served by public schools, private schools or through SCSDB.
    - c. Include adults who have a written plan such as those who attend DDSN day programs or receive services from Vocational Rehabilitation.

**To avoid delays, please ensure the following:**

- All sections of the registration form are completed. Reporting codes are attached.
- Provide the name and contact number for the person completing the census.
- If you have a zero count for the census, please write "zero count" at the top of the form and return.
- If there are no changes to last year's report, write "no change" at the top and return.
- If an individual listed on the 2024 report has moved out of state, please note this on the report to ensure the person is removed from the report.
- For children under the age of 18, the parent consent form (attached) must be signed.

Do not miss out on this opportunity to provide accessible educational materials to children and adults who qualify. **Please submit registration forms to Julianne Ingalls at [julianne.ingalls@ddsn.sc.gov](mailto:julianne.ingalls@ddsn.sc.gov) or via SComm in Therap by February 17, 2025.** If you have any questions, please contact Julianne Ingalls. Thank you.

Attachments:

2025 Preliminary Registration Form  
Reporting Codes  
Parent Consent



## Federal Quota Census for the Blind Reporting Codes

**DISTRICT** – Use code 241 for SCDDSN

**GRADE**

IP	Infants, children of preschool age served by infant programs
PS	Children served by preschool programs
KG	Kindergarten Students
01-12	Regular academic grades
AN	Academic Non-graded
FC	Functional Curriculum Students working towards a graduation certificate or non-traditional diploma. Includes day and vocational programs.
TR	Secondary instructional programs, post graduate programs less than college level
OR	Other registrants who do not fall in the above categories

**LANGUAGE – Primary language**

EN	English
SP	Spanish
OT	Languages other than English and Spanish

**FUNCTION**

MDB	<b>Meets definition of blindness.</b> Central visual acuity of 20/200 or less in the better eye with correcting glasses or a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.
FDB	<b>Functions at the definition of blindness.</b> Visual performance reduced by brain injury or dysfunction when visual function meets the definition of blindness as determined by an eye care specialist or neurologist.

PRM - Primary Reading Media		SRM - Secondary Reading Media		ORM – Other Reading Medium	
V	Visual readers. Uses print.	V	Visual readers. Uses print.	V	Visual readers. Uses print.
B	Braille Readers	B	Braille Readers	B	Braille Readers
A	Auditory readers	A	Auditory readers	A	Auditory readers
PRE	Prereaders	NA	Nonreaders, students with no reading media	NA	Nonreaders, students with no reading media
SN	Symbolic/nonreaders – not working towards a reading level				

**PERMISSION** – Leave blank.

Dear Parents and Guardians:

The purpose of this letter is to inform you the SC Department of Disabilities and Special Needs (SCDDSN) is in the process of completing the Annual Federal Quota Registration of Blind Students through the American Printing House (APH) Federal Quota Program. This federally funded program provides textbooks, educational aids, and other learning materials for qualifying children with visual impairment and blindness.

To be included in the Federal Quota program, eligible students must be registered in an annual census, requiring the exchange of specific personally identifiable student information (PII). This information is only collected to meet the reporting obligations to the U.S. Department of Education, Office of Special Education Programs, and other entities as required by law. The Family Educational Rights and Privacy Act (FERPA) requires your consent to release your child's personally identifiable information for these purposes.

The name of your child will be registered, along with other pertinent information including birthdate, school district, grade placement, primary reading medium, and indication of visual function. All PII collected for this registration is confidential and will be protected from unauthorized access or use. Your child's PII will not be shared with any other entities or for any other purpose, unless permitted by state or federal law.

The Federal Quota Census Registration is completed under the supervision of the Ex Officio Trustee (EOT) designated to oversee his or her respective APH accounts. It is the responsibility of the EOT to submit accurate information to APH in a secure manner; therefore, the EOT determines the manner in which information is collected and subsequently sent to APH in Louisville, KY.

Your written consent is required in order to provide this information to APH. Consent to include your child in the Federal Quota Census allows SCDDSN to purchase products and materials from the APH on behalf of your child and other children in our state. You may choose not to provide your consent; however, doing so will mean that fewer Quota funds will be provided to SC.

If you have questions or concerns regarding the Annual Federal Quota Registration Process, please contact your Early Interventionist, Case Manager or Agency representative.

## Consent to Release Student Information

In order to register my child with SCDDSN and the American Printing House for the Blind (APH\*), I hereby authorize the local school district and/or SCDDSN to share my child'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).

I, \_\_\_\_\_ (print name), certify that I am the parent(s)/guardian(s) of \_\_\_\_\_ (student's full name), whose date of birth is \_\_\_\_\_ (student's complete date of birth), and that s/he is a dependent according to Section 152 of the Internal Revenue Code if s/he is over eighteen years of age. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to my Early Interventionist, Case Manager or Agency Representative.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*APH is a nonprofit organization for the blind. According to the Federal "Act to Promote the Education of the Blind", all students who meet the definition of blindness can receive specialized textbooks and accessible materials through the APH Federal Quota Program.