

NIMAS/ICAM FORM #2

DETERMINATION OF SPECIALIZED FORMATS

Student's First Name:

MI:

Student's Last Name:

STN:

Date:

Is the student Chafee Qualified? Please Select. . .

Specialized format(s) needed: Braille Large print Audio Digital text

Other (i.e. DAISY format) (Explain):

This student will also require the use of tactile graphics: Please Select. . .

Specialized formats of instructional materials are needed for use (check all that apply):

at school at home other

If other, please explain:

(Please note that **only one copy of braille and large print material can be ordered from ICAM.)**

Complete at the end of the first year and following years: Did the use of specialized instructional materials benefit the student? Please Select. . .

If yes, please indicate how the accessible/specialized instructional materials benefited the student: