

ICAM ADD/UPDATE STUDENT DATA

When completed please give a copy of this form to:

The LEA's Digital Rights Manager (DRM), the Special Education Cooperative/District Office, and the Building Principal.

Student's First Name:*

Student Birth Date: *

MI:

Gender: *

Please Select. . .

Student's Last Name: *

Current School Year: *

STN: *

Grade: *

School Building: *

County Code: *

IEP INFORMATION

Date IEP Last Updated: / / (mo/day/yr)*

Is the student Chafee Qualified? Please Select. . .

Specialized formats needed*: Braille Large Print Audio Digital text Other:

If other, please explain:

VI STUDENT INFORMATION ONLY*

Student is Blind: Please Select. . . Date of Last Eye Doctor Report / / (mo/day/yr)

Current Corrected Distance Vision: right eye (OD) left eye (OS)

Restricted Visual Field of 20 degrees or less: Please Select. . . If yes, provide degree of vision loss:

Secondary Visual Factors:

Date of Last Functional Vision Assessment: / / (mo/day/yr)

Date of Last Functional Literacy Assessment: / / (mo/day/yr)

Reading Media (for APH reporting purposes only)

(Primary Codes: Braille=B; Visual=V; Auditory=A; Prereader=P; Nonreader=N)

(Secondary and Third Codes: Braille=B; Visual=V; Auditory=A; Not Applicable=NA)

Primary Reading Media: Secondary Reading Media: Third Reading Media:

* = Required Fields

ICAM REQUEST FORM

Title	Author	Publisher	Edition	Copyright Date	ISBN#	Textbook Grade Level	Specialized Format Needed	Date Needed By

Ship To Address	Ship to Contact Person	Contact Phone#