### Student Information

First Name:       • MI:       • Last Name:

STN:      • Date:

### Please Check One:

|  |  |  |
| --- | --- | --- |
|  | Chafee Qualified | |
|  | Not Chafee Qualified, but requires accessible format(s) | |
| Specialized Formats: Specialized Format(s) needed:  Braille  Large Print  Audio  Digital Text  If the specialized format selected is **large print**, the **Case Conference Committee must consider the potential harmful effects** on the student or the quality of services that s/he needs in the placement chosen. The harmful effects, if any, will depend on the individual student. Whether or not potential harmful effects exist must be noted on the IEP. Some potential harmful effects to consider are, but not limited to:   * **Decreased access to full instructional opportunities;** * **Diminished access to the full range of the curriculum;** * **Lack of opportunities for social interaction;** * **Decreased self-esteem;** * **Stigmatization; and/or** * **Isolation from peers**   Yes  No The **Case Conference Committee** has considered the **potential harmful effects** on the student in providing large print specialized formats of instructional material and certifies that the selection is appropriate.  Other (i.e. DAISY Format) (Explain):  (Please note that **only one copy** of Braille and large print materials can be ordered from the ICAM.) | | |
| Yes  No | | This student will also require the use of tactile graphics. |
|  | | Specialized formats of instructional materials are needed for use (check all that apply):  At School  At Home Other  *If other, please explain:* |

### Complete at the end of the first year and following years:

|  |  |
| --- | --- |
| Yes  No | Did the use of specialized instructional materials benefit the student? |
|  | If yes, please indicate how the accessible/specialized instruction materials benefited the student: |
|  |  |