

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

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

- 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:*

**(Please note that **only one copy** of Braille and large print materials can be order from ICAM.)**

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: