## ICAM Add/Update StudentICAM/NIMAS Form #3 A**\*\*\*CONFIDENTIAL\*\*\***

### Student Information

\*STN:      • \*First Name:      • \*MI:      • \*Last Name:      • \*Student Birth date:

\*Gender: • \*Current School Year:      • \*Grade:      • \*School Building:      • \*County Code:

### IEP Information:

|  |  |  |
| --- | --- | --- |
| \*Date IEP Last Updated:        |  |  |
| [ ]  Current Evaluation on File |  |  |
| [ ]  Functional Literacy Assessment on File (for large print requests and VI only) |  |  |
| [ ]  Chafee Qualified Print Disability (IEP & Medical Certification on File [Required]) |  |  |
| [ ]  Medical Certification on File |  |  |
| [ ]   | Not Chafee Qualified, but requires accessible format(s) (IEP on File) |
| Specialized Formats:Specialized Format(s) needed\*: [ ]  Braille [ ] Large Print [ ] Audio [ ] Digital TextOther (i.e. DAISY Format) (Explain):       |
| VI STUDENT INFORMATION ONLY\* (CHOOSE 1 LISTED BELOW) |
| Student is Blind\*: | [ ]   |  | Student is Low Vision\*: | [ ]   |  |
| Eye Doctor Report on File\*: | [ ]   |  |  |  |  |
| Current Corrected Distance Vision\*: | Right Eye (OD):      Left Eye (OS):       |  | **Reading Media (for APH reporting purposes only)** |
| Restricted Visual Field 20 degrees or less: | [ ]  Yes [ ]  No |  | Primary Reading Media |  |  |
| If yes, provide degree of vision loss: |       |  | Secondary Reading Media |  |  |
|  |  |  | Third Reading Media |  |  |
| Secondary Visual Factors: |       |

*When completed please give a copy of this form to tThe LEA’s Digital Rights Manager (DRM), the Special Education Cooperative/District Office, and the Building Principal.*