## ICAM Add/Update Student ICAM/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 Text Other (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.*