

Student Information (all required)

STN:	First Name:	MI:	Last Name:	Student Birthdate:
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*:

Eye Doctor Report on File*:

Current Corrected Distance Vision*:
 Right Eye (OD): _____
 Left Eye (OS): _____

Restricted Visual Field 20 degrees or less: Yes No

If yes, provide degree of vision loss: _____

Student is Low Vision*:

Reading Media (for APH reporting purposes only)

Primary Reading Media _____

Secondary Reading Media _____

Third Reading Media _____

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

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.