

# NIMAS/NIMAC Request Form

Appendix A

**Text Requested:** \_\_\_\_\_

**Author** \_\_\_\_\_

**ISBN** \_\_\_\_\_

**Publisher** \_\_\_\_\_

**Student MOSIS #:** \_\_\_\_\_

**Age** \_\_\_\_\_

**Grade** \_\_\_\_\_

**This student is ( or will be ) counted on our IDEA child count as ( check one ) -**

- |  |   |
|--|---|
| <input type="checkbox"/> Deaf/Blind              | <input type="checkbox"/> Other Health Impaired  |
| <input type="checkbox"/> Learning Disabled       | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Multiply Disabled       | <input type="checkbox"/> Visually Impaired      |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Other (specify) _____  |

**IEP identified alternative formats needed by this student ( check all that apply ) -**

- |  |   |
|--|---|
| <input type="checkbox"/> Braille                           | Electronic File used with                           |
| <input type="checkbox"/> Hard-copy Large Print             | <input type="checkbox"/> Audio output               |
| <input type="checkbox"/> Digital Audio (dedicated product) | <input type="checkbox"/> refreshable Braille output |
|  | <input type="checkbox"/> enlarged screen display    |
|  | <input type="checkbox"/> computer access input      |

**If Braille, hard-copy large print or digital audio is needed, how will the alternative format be produced ?**

- |  |
|--|
| <input type="checkbox"/> Produced in district            |
| <input type="checkbox"/> Produced via contact with _____ |
| <input type="checkbox"/> Other (describe) _____          |

**If hard-copy Braille or large print is needed has Missouri School for the Blind been contacted about availability of the text in these formats?**

Yes  No

**If an electronic file is to be used by the student , please identify specific products the student will utilize to access the file ( e.g. gh PLAYER, JAWS, ZoomText, WYNN, etc.**

**Designated Contact Signature** ( must be individual identified as contact on LEA agreement)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

LEA \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_