

IMAS/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 ) -

Deaf/Blind

Other Health Impaired

Learning Disabled

Traumatic Brain Injury

Multiply Disabled

Visually Impaired

Orthopedically Impaired

Other (specify) \_\_\_\_\_

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

Electronic File used with:

Braille

Audio output

Hard-copy Large Print

refreshable Braille output

Digital Audio (dedicated product)

enlarged screen display

computer access input

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

Produced in district \_\_\_\_\_

Produced via contact with \_\_\_\_\_

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 \_\_\_\_\_