

ICAM ADD/UPDATE STUDENT DATA

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

STUDENT DATA

STN: _____ Student First Name: _____ MI: _____ Student Last Name: _____
Student Birth Date: _____ Gender: _____ Current School Year: _____ Grade: _____
School Building: _____ County Code: _____

IEP INFORMATION

Date IEP Last Updated: _____ (mo/day/year)
Chafee Qualified Print Disability (IEP & Medical Certification on File)
Not Chafee Qualified but requires accessible format(s) (IEP on File)
Specialized formats needed: Braille _____ Large Print _____ Audio _____ Digital Text _____ Other: _____

VI STUDENT INFORMATION ONLY

Student is Blind: Yes No Date of Last Eye Doctor Report: _____ (mo/day/year)
Current Corrected Distance Vision: _____ right eye (OD) _____ left eye (OS)
Restricted Visual Field of 20 degrees or less: Yes No If yes, provide degree of vision loss: _____
Secondary Visual Factors: _____

Date of Last Functional Visual Assessment: _____ (mo/day/year)
Date of Last Functional Literacy Assessment: _____ (mo/day/year)

Reading Media (for APH reporting purposes only)
(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)

Primary Reading Media: _____ Secondary Reading Media: _____ Third Reading Media: _____

ICAM REQUEST FORM

Title	Author	Publisher	Edition	Copyright Date	ISBN#	Textbook Grade Level	Specialized Format Needed	Date Needed By

Ship to Address	Ship to Contact Person	Contact Phone #