NIMAS/ICAM FORM #2

DETERMINATION OF SPECIALIZED FORMATS

Student First Name: _____ MI ____ Student Last Name: _____

STN: _____ Date: _____

Please check one: ☐ Chafee Qualified ☐ Not Chafee Qualified but requires accessible format(s)

Specialized format(s) needed: _____ Braille _____ Large Print _____ Audio _____ Digital Text

Other (i.e. DAISY format) (Explain):

Student will also require the use of tactile graphics: ☐ Yes ☐ No

Specialized formats of instructional materials are needed for use (check all that apply):

☐ at school ☐ at home ☐ other (explain)

(Please note that **only one copy** of braille and large print material can be ordered from ICAM.)

Is this the initial determination? ☐ Yes ☐ No If yes, do not complete the bottom portion.

Complete at the end of the first year and following years: Did the use of specialized instructional materials benefit the student? ☐ Yes ☐ No

If yes, please indicate how the accessible/specialized instructional materials benefited the student:

Print