RIMAC ACCESSIBLE MATERIALS STUDENT BOOK FORM- BRAILLE

Students Name- First, Last Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| BILL TO: | SHIP TO: | Comments: ALL BRAILLE MATERIALS WILL BE IN UEB IF AT ALL POSSIBLE!  |
|  School Department |  School Department |
|  |  |
|  |  |
|  |  |
|  |  |
| **TITLE** | **ISBN#** |  **COPYRIGHT DATE** |  | **PUBLISHER** | **ITEM TOTAL****PRICE** |
| EXAMPLE- My Math |  0671864334 | 2011 |  | Pearson |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*\*If possible, please give only 10 digit ISBN # with NO dashes. TOTAL |

1st Day of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Braille: (If Possible)

Accessible Media Producer: (Seller) **MAKE PO OUT TO:**

* Uncontracted
* Contracted
* Single-Sided
* Double-Sided

Case Manager/504 or IEP Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested by District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhode Island Materials Access Center at TechACCESS of RI

161 Comstock Parkway

Cranston, RI 02910

T- (401) 463-0202 F- (401) 463-3433

Jayne Rabideau, Program Coordinator

E-mail jayner@techaccess-ri.org www.techacces-ri.org/rimac