Registration for RIMAC Accessible Materials

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| **School Year:** |  |
| **1ST Day of School Year:****(if known)** |  |
| **SASID #:** |  |
| **Students Name, Last** |  |
| **Students Name, First** |  |
| **DOB:** |  |
| **Grade:** |  |
| **School District:** |  |
| **Case Manager (CM):*****Or* 504 Coordinator:** |  |
| **CM Phone #:** |  |
| **CM Email Address:** |  |
| **District Liaison (DL):** |  |
| **DL Phone #:** |  |
| **DL Email Address:** |  |
| **Address of District Liaison:** |  |

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| --- | --- | --- |
|  Physical Limitation | ***Print Disability Area*** |  |
|  **Visual Disability**  |  **IEP** |
|  **Learning Disability** |  |  **504 Plan** |

***Equipment, if applicable:***

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Hardware, Software (used with student) please be concise\*

***District Assurances***

I certify that the above student meets the eligibility requirements for NIMAS accessibility as having a visual impairment or significant print disability and medical documentation supporting such is on record in the student’s confidential file.

|  |  |
| --- | --- |
| \*Special Education Director Signature |  |
| Date |  |

Contact Information:

Please make sure that the Case Manager or District Liaison can be contacted in the summer