Combined ICAM/IERC NIMAS Forms:

Acronyms:

Accessible Educational Materials (AEM)

Case Conference Committee (CCC)

Digital Rights Manager (DRM)

Indiana Center for Accessible Materials (ICAM)

Indiana Educational Resource Center (IERC)

Individualized Education Program (IEP)

National Instructional Materials Accessibility Standard (NIMAS)

Teacher of Record (TOR)

Visual Impairment (VI)

Overview:

The ICAM has provided the <u>AEM Instructional Guide</u> and <u>ICAM/IERC NIMAS</u> <u>Forms</u> to help the CCC in the determination of a print disability and in deciding appropriate accommodations. During this process, the ICAM/IERC NIMAS Forms should be filled in and uploaded to the Indiana IEP program.

You may continue to utilize the forms independently, or you may use this new combined forms PDF that contains all of the student data in one document.

In either case, if the DRM is *not* the student's TOR, then the form(s) must be shared with the DRM in order for the DRM to Add/Update students and place orders in ICAM Web Ordering.

Please contact <u>Sandy Stabenfeldt</u>, ICAM Digital Services Specialist with any questions or concerns.



Clear Form Button:

Special Consideration Factor: Need for Accessible Educational Materials (AEM) / Chafee Qualification ICAM/IERC NIMAS Form 1

***CONFIDENTIAL**

STUDENT INFOR	RMATION:		
First Name:		MI:	Last Name:
STN:		Date:	
DECISION MAKE	ERS: CASE CON	FERENCE COMM	MITTEE (CCC) MEMBERS:
			nm has considered whether or not the student requires Consideration includes one of the following:
Student receives accessible forma	· · · · · · · · · · · · · · · · · · ·		a student with blindness/visual impairment and requires
	Yes	No	
Accommodations (IEP) (p.15). Student receives	s must be docu special educati	on services as a	Accessibility and Accommodations Guidance Manual. Iy in the student's Individualized Education Program student with a physical disability that impairs their juires accessible formats to access the curriculum.
	Yes	No	
	ading and requ	ires accessible f	a student with a Specific Learning Disability (SLD) ormats to access the curriculum. Dyslexia is the
	Yes	No	
of Article 7 as the Education defining ability to decode reading-based contensive, target assessment data	neir primary dis les a reading-ba e, read with flu disability means ted instruction a on the effect	sability and also ased disability a lency, understal s that there is st . There should b of each interve	a student with one of the special education eligibility criteria presents a reading disability. The Indiana Department of s follows. A reading-based disability may affect a student's nd text that is decoded, or a combination of these. Having a crong evidence of the persistence of the disability despite be documentation of the interventions used and formative ntion. Evidence of a reading-based disability should have in such difficulties as difficulty learning letters or letter

Yes No

sounds, difficulty in learning sight words, and difficulty in phoneme blending.

If the response to any of these considerations is yes, there must be a certification by a Competent Authority documenting that the student has a Print Disability that prevents them from reading standard print.

Please note that Competent Authority is defined to include **Educators, School Psychologists, and Certified Reading Specialists**.

Others may include a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, registered nurse, therapist, professional staff of hospitals, institutions, and public or welfare agencies (such as a social worker, case worker, counselor, rehabilitation teacher, psychologist, superintendent, or librarian).

Student is eligible for Chafee qualified services. Check if the response to any of the considerations on page 1 is "Yes".

A student will be eligible to receive formats from the ICAM/NIMAC when the Certified Authority's signature is obtained on ICAM/IERC NIMAS Form 4 ELIGIBILITY AND CERTIFICATION OF ACCESSIBLE MATERIALS. During student registration in the ICAM Ordering System, the Digital Rights Manager (DRM) will confirm the student's qualification. Then, the DRM will add the completed Form 4 to the student's permanent file/upload to the Indiana IEP system.

The CCC should be aware that if the ICAM is not able to obtain needed AEM from any of their sources for a Chafee Qualified student, the SEA is obligated to provide those from another source in a timely manner.

Student is not eligible for Chafee qualified services.

The CCC may determine the student will benefit from specialized formats due to inefficient use of print, but is not Chafee Qualified. In this case, the Local Education Agency (LEA) is still obligated to provide the accessible format(s) of print instructional materials to the student in a timely manner. Please contact the ICAM staff for guidance.



DETERMINATION OF ACCESSIBLE FORMATS ICAM/IERC NIMAS FORM 2

CONFIDENTIAL

First Name:	MI:	Last Name:			
STN:	Date:				
PLEASE CHECK ONE:					
Chafee Qualified					
Not Chafee Qualified, bu	t requires acc	essible format(s)			
ACCESSIBLE FORMATS:					
Braille	Large Prir	nt Audio	Digital Text		
If the accessible format selected	is large print ,	the Case Confere	nce Committee must		
consider the potential harmful e	ffects on the s	student or the qua	ality of services that they		
need in the placement chosen. The	ne harmful eff	ects, if any, will d	epend on the individual		
student. Whether or not potential harmful effects exist must be noted on the Individualized					
Education Program (IEP). Some p	otential harm	ful effects to cons	ider are, but not limited to:		
 Decreased access to full instructional opportunities. 					
 Diminished access to the full range of the curriculum. 					
 Lack of opportu 	nities for soci	al interaction.			

Yes

No

STUDENT INFORMATION:

The Case Conference Committee has considered the potential harmful effects on the student in providing large print formats of Accessible Educational Materials (AEM) and certifies that the selection is appropriate. Please note that only one copy of Braille and large print materials can be ordered from the Indiana Center for Accessible Materials (ICAM.)

Yes No This student requires the use of tactile graphics.

Accessible formats of AEM are needed for use (check all that apply):

• Stigmatization and/or isolation from peers.

At School At Home Other

If other, please explain:

COMPLETE AT THE END OF EACH SCHOOL YEAR

Decreased self-esteem.

Yes No Did the use of AEM benefit the student? If yes, describe:



ADD/UPDATE STUDENT DATA ICAM/IERC NIMAS FORM 3A ***CONFIDENTIAL***

STUDENT INFORMATION (ALL REQUIRED)

STN:

First Name:	
MI:	
Last Name:	
Date of Birth:	
Gender:	
Current School Year:	
School Building:	
County Code:	
Grade:	
IEP INFORMATION	
Current IEP Date:	
	Current Evaluation on File
	Functional Literacy Assessment on File (for large print requests and VI only) Chafee Qualified Print Disability (Current IEP & Competent Authority Certification on File) [Required] Not Chafee Qualified, but requires accessible format(s) (IEP on file)
Accessible Forma	
Bra	ille
Lar	ge Print
Au	dio
Dig	ital File
VI Student Inform	nation Only* (Choose 1 Listed Below)
Stud	ent is Blind* ent has Low Vision* Doctor Report on

Currer	nt Corre	cted Distance Vision*:
		Right Eye
		(OD): Left Eye
Restrict	ted Visu	ual Field 20 degrees or less:
		If yes, provide degree of vision loss:
	163	ii yes, provide degree or vision loss.
	No	
Reading M	ledia (f	or APH reporting purposes only)
Primary Re	eading N	Лedia:
	Primar	y Codes:
	Braille=	
	Visual=	V
	Auditor	-y=A
	Prereac	der=P
	Nonrea	der=N
Secon	dary Re	rading Media:
:	Second	ary and Third Codes:
	Braille=	В
,	Visual='	V
	Auditor	y=A
I	Not App	plicable=NA
Third	Reading	g Media:
Secon	dary Re	ading Factors:

After this form is completed and uploaded to the student's IEP, then a copy must be sent to the LEA's Digital Rights Manager (DRM) if the DRM is not the Teacher of Record.



TEXTBOOK AND SUPPLEMENTAL READING REQUEST FORM

ICAM/IERC NIMAS FORM 3B ***CONFIDENTIAL***

STUDENT INFORMATION (ALL REQUIRED):								
First Name:			MI:	La	ast Name:			
STN:								
ICAM/IERC Request: P	lease enter as mu	ıch informati	on as possible	⊇.				
Title	Publisher	Edition	Copyright Date	ISBN (10 digits)	ISBN (13 digits)	Textbook Grade Level	Accessible Format Needed	Date Needed By
	•	•	•	•	•	•	•	•

School Name:	Teacher Responding:	Contact Email Address:



IERC EQUIPMENT REQUEST FORM ICAM/IERC NIMAS FORM 3C ***CONFIDENTIAL***

STUDENT INFORMATION (ALL REQUIRED):							
irst Name:		MI:	Last Name:	STN:			
ICAM/IERC Aids and Equipmen	nt Request Fo	rm (VI Only)	Hyphens Required for APH Catalog Orde	ers			
APH Catalog #	Quantity	Description			Date Needed By		
Ship to Address (School building name included) Ship		Ship to	o Contact Person	Contact Phone #			
·		·					



ELIGIBILITY AND CERTIFICATION FOR ACCESSIBLE EDUCATIONAL MATERIALS (AEM)

ICAM/IERC NIMAS FORM 4 ***CONFIDENTIAL***

The Individuals with Disabilities Education Act (IDEA) 2004 includes a definition of students who may be provided with accessible textbooks and related core content created with National Instructional Materials Accessibility Standard (NIMAS) conformant files from the National Instructional Materials Access Center (NIMAC). That definition, used within the legislation, is "blind or other persons with print disabilities." This refers to students served under the IDEA who may qualify under the Act entitled "An Act to provide books for the adult blind," approved March 31, 1931 (2 U.S.C. 135a; 46 Stat. 1487) to receive books and other publiations produced in accessible formats [674(e)(3)(A)].

To qualify to receive K-12 textbooks and core instructional materials in accessible formats from the Indiana Center for Accessible Materials (ICAM), the student must have: (1) an Individualized Education Program (IEP); and (2) a certification of a print disability, by a certified Competent Authority, on file with the school district.

Competent Authority is defined to include **Educators, School Psychologists, and Certified Reading Specialists**. Others may include a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, and professional staff of hospitals, institutions, and public or welfare agencies (such as a social worker, caseworker, counselor, rehabilitation teacher, psychologist, superintendent, or librarian).

To receive Accessible Educational Materials (AEM) of K-12 print instructional materials from the ICAM, the rest of this form must be completed by the appropriate competent authority.

I certify that the student named below is unable to read or use standard printed materials for the reason(s) indicated:

Qualification:	Description:			
Blindness	Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.			
Visual Disability	Inability to read standard printed material without aids or devices other than regular glasses.			
Physical Disability, Orthopedic, or Other Health Impairment (OHI)	Inability to read or use standard printed material as a result of physical disability.			
Specific Learning Disability (SLD) in Reading	A reading-based disability may affect a student's ability to decode, read with fluency, understand text that is decoded, or a combination of these. Having a reading-based disability means			
OR	that there is strong evidence of the persistence of the disability			
Student receives special education services as a student with one of the special education eligibility criteria of Article 7 as their primary disability and also presents a reading disability.	despite intensive, targeted instruction. There should be documentation of the interventions used and formative assessment data on the effect of each intervention. Evidence of a reading-based disability should have been documented in grades K-2 and reflected in such difficulties as difficulty learning letters or letter sounds, difficulty in learning sight words, and difficulty in phoneme blending. Dyslexia is the most frequently identified reading disability.			

Student First Name:		
Student MI:		
Student Last Name:		
Business/Organization Name:		
Address:		
City:	State:	Zip:
Office Phone:		
Mobile Phone:		
Certifying Authority Title:		
Signature of Certifying Authority:		
Date:		

