

**Accessible Instructional Materials (AIMs)
Book Request Form**

Student Name _____ **Case Manager** _____ **School** _____ **Grade** _____

GTID# (state ID) _____ **Ex. Ed. Primary area of elig.** _____ **Other services (OT, PT, VI, AT, SI)** _____

Area eligible to receive AIMs (circle one) vision, physical, learning/reading

Has the teacher ever used Accessible Instructional Materials and if so what type (ie: Braille, digital books, etc) _____

Has the teacher/student used any specific software/hardware (and if so what type) to access instructional materials? _____

Title of Book	Format(s) needed
Title: _____ Author: _____ ISBN: _____ When is it needed? _____	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio only: <input type="checkbox"/> CD player <input type="checkbox"/> MP 3 player <input type="checkbox"/> Computer <input type="checkbox"/> Vision hardware <input type="checkbox"/> Electronic/Digital : Computer or other hardware <input type="checkbox"/> View only (enlarge it or to turn pages) <input type="checkbox"/> Reading support (see and hear)
Title: _____ Author: _____ ISBN: _____ When is it needed? _____	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio only: <input type="checkbox"/> CD player <input type="checkbox"/> MP 3 player <input type="checkbox"/> Computer <input type="checkbox"/> Vision hardware <input type="checkbox"/> Electronic/Digital : Computer or other hardware <input type="checkbox"/> View only (enlarge it or to turn pages) <input type="checkbox"/> Reading support (see and hear)
Title: _____ Author: _____ ISBN: _____ When is it needed? _____	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio only: <input type="checkbox"/> CD player <input type="checkbox"/> MP 3 player <input type="checkbox"/> Computer <input type="checkbox"/> Vision hardware <input type="checkbox"/> Electronic/Digital : Computer or other hardware <input type="checkbox"/> View only (enlarge it or to turn pages) <input type="checkbox"/> Reading support (see and hear)
Title: _____ Author: _____ ISBN: _____ When is it needed? _____	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio only: <input type="checkbox"/> CD player <input type="checkbox"/> MP 3 player <input type="checkbox"/> Computer <input type="checkbox"/> Vision hardware <input type="checkbox"/> Electronic/Digital : Computer or other hardware <input type="checkbox"/> View only (enlarge it or to turn pages) <input type="checkbox"/> Reading support (see and hear)