

Registration for RIMAC Accessibility

School Year:	2010-2011
1ST Day of School Year:	
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:	

Print Disability Area

- | | |
|---|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Reading Disability | <input type="checkbox"/> Physical Limitation |

Equipment, if applicable:

(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	

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