

Accessible Instructional Materials Library

Tel# 1-781-562-0461

3 Randolph Street ~ Canton, MA 02021

Fax# 1-781-562-0463

Assurances Form

To request accessible instructional materials through the Accessible Instructional Materials (AIM) Library, we require the assurance that appropriate assessments, when applicable, current medical records, and a written education plan are on file where the student attends school. The actual assessments, reports and plans are not to be submitted to the Accessible Instructional Materials Library. By signing the **Assurances Form** the LEA agrees to have: 1, Assessments 2, Medical records and 3, Written Education Plans, on file for the following student in the event that any audit requires evidence of the student's eligibility and specialized educational program.

Today's Date _____ **School Year** _____

Student Name	SASID
Date of Birth <input style="width: 150px; height: 20px;" type="text"/> <small>Required for all students</small>	Grade Placement
Primary Reading Media <input type="checkbox"/> Pre-reader <input type="checkbox"/> Symbolic reader <input type="checkbox"/> Braille <input type="checkbox"/> Visual(LP) <input type="checkbox"/> Auditory	Secondary Reading Media <input type="checkbox"/> Braille <input type="checkbox"/> Auditory <input type="checkbox"/> Visual(LP) <input type="checkbox"/> Not Applicable
School District Name <input type="checkbox"/> Public <input type="checkbox"/> Private	Town of Residence
Name of Teacher of the Visually Impaired	Name of Orientation and Mobility Specialist
Is student legally blind <input type="checkbox"/> YES <input type="checkbox"/> NO	Please check one indicating student's visual criteria: <input type="checkbox"/> MDB <input type="checkbox"/> FDB <input type="checkbox"/> IDEA <input type="checkbox"/> VI
Date of Medical Report on File <input style="width: 100px; height: 20px;" type="text"/>	Indicate written education plan on file <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Other
Assessments on file Date	Assistive technology devices to access curriculum:
Learning media assessment (LMA)	1.
Functional vision assessment (FVA)	2.
Low vision evaluation (LVE)	3.
Assistive technology assessment (ATA)	4.
Orientation & mobility assessment (OMA)	5.
Transition plan & independent living (TILSA)	6.

Special Education Director _____ **Date** _____

(Please check) FAPE (MGL, Chpt 71B) I understand that the school district is responsible for providing any and all specialized instructional materials that are identified in the students' IEP. I also understand that AIM Library is an optional resource for school districts, it is not equipped to respond to all material requests, and the LEA cannot rely upon the AIM Library to meet their obligations to provide FAPE.

Please retain a copy at the LEA and MAIL 'wet signature' signed original form to:
Massachusetts Accessible Instructional Materials Library 3 Randolph Street, Canton MA 02021