# Student AIM Data Form

Student's Name _____ Date of Birth _____
Last First M.I.

Grade: _____ IEP? ☐ Yes ☐ No 504 Plan? ☐ Yes ☐ No

School and District _____

**Visual Impairment or Blindness** -The student meets the criteria for Visual Impairment, as certified by a competent authority: doctor of medicine, ophthalmologist, optometrist, registered nurse, therapists, teacher for the visually impaired, orientation and mobility specialist or professional staff of hospitals or institutions.

_____
Signature of Certifying Authority

_____
Printed Name and Title

**Physical Limitations** -The student is unable to read or to use standard print as a result of physical limitations, as certified by a competent authority: doctor of medicine, registered nurse, therapist, specialist or professional staff of hospitals or institutions.

_____
Signature of Certifying Authority

_____
Printed Name and Title

**Learning Disability** -The student has reading limitations based in organic dysfunction and of sufficient severity to prevent the reading of printed materials in a normal manner as certified by a doctor of medicine who may consult with colleagues in associated disciplines.

_____
Signature of Medical Doctor

_____
Printed Name and Title

*Student must have an IEP to qualify for NIMAS Materials. Signature of Medical Doctor required for students with Learning Disability to access NIMAS materials. Other AIM services are available to those not on IEP and/or unable to obtain M.D. signature.*

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