

XXX COUNTY PUBLIC SCHOOLS

100 Sample Avenue
Sample, Virginia 22000
Phone: 540-555-1212
<http://www.sample@school.org>

AIM-VA Eligibility Form

Student Name: _____ STI # _____

DOB: _____ Grade: _____

School: _____

XXX must keep on file documentation of students' eligibility to use instructional materials produced by AIM-VA and/or from NIMAS files. With persons classified as reading disabled due to organic factors, eligibility can only be determined by competent medical authority (doctors of medicine or doctors of osteopathy).

Please have your physician indicate below the category under which they are eligible and return the signed form to:

School:

Lead Special Education Teacher:

Fax:

If you have any questions, please contact Sample DRM, Assistive Technology Coordinator – District Digital Rights Manager Sample.DRM@sampleschool.org 757-555-1212

I certify that this student is: _____

Check all that apply:

- blind or visually impaired
- physical disability
- reading disability due to organic dysfunction

Signature of Physician

Date

Printed Name and Title

Date
