Ohio Certification of Eligibility to Use NIMAS Files

This form contains confidential student information and must remain on file with the district.

Student Information

Last Name:_____ First Name: _____ MI: _____

Street Address:_____

City:_____ State: _____ Zip Code: _____

District and School Building: _____

Student Eligibility for NIMAS Files

To receive materials produced from NIMAS, under IDEA Part D, Sec. 674 (e)(3)(A), students must have **both** an IEP and a qualifying disability. IDEA points to the National Library Service (NLS) Guidelines for the disability criterion:

The Library of Congress regulations (36 CFR 701.6(b)(1)) related to the Act to Provide Books for the Adult Blind provide that eligible persons include someone who:

- Is blind;
- Has a visual impairment or perceptual or reading disability that cannot be improved to give visual function substantially equivalent to that of a person who has no such impairment or disability and so is unable to read printed works to substantially the same degree as a person without an impairment or disability; or
- Is otherwise unable, through physical disability, to hold or manipulate a book or to focus or move the eyes to the extent that would be normally acceptable for reading.

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, and professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

Certifying Authority

☐ I certify that the student listed above is unable to read or use standard printed material for one of the reasons listed above.

☐ I certify that the student has a current IEP on file with the district.

Full Name: _____ Title: _____

Email: _____ Phone: _____

Address: _____

City:_____ State: _____ Zip Code: _____

Signature: _____ Date: _____