

Ohio Certification of Eligibility to Use NIMAS Materials

This form must be on file in the school district.

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

Address _____
City State ZIP Code

Facility & District _____

Below are the definitions as provided in IDEA for NIMAS file eligibility:

The Library of Congress regulations (36 CFR 701.6(b)(1)) related to the Act to Provide Books for the Adult Blind (approved March 3, 1931, 2 U.S.C. 135a) provide that blind persons or other persons with print disabilities include:

1.3.1. *Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.*

1.3.2. *Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.*

1.3.3. *Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.*

1.3.4. *Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.*

Competent authority is defined as:

1.3.5. *In cases of blindness, visual disability, or physical limitations "competent authority" is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents).*

1.3.6. *In the case of a reading disability from organic dysfunction, competent authority is defined as doctors of medicine who may consult with colleagues in associated disciplines.*

A student must have a current Individualized Education Program (IEP) for AT & AEM Center to request a file from the NIMAC.

To Be Completed By Competent Authority (as defined above)

Name _____

Title _____ Phone () _____

Address _____
City State ZIP Code

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

Blindness, visual impairment, or physical limitations

Reading disability from organic dysfunction

Return to:

Signature _____ Date _____

Title _____

School District _____