Group A Access Verification*
(Students with print disabilities as defined by Library of Congress regulations)

Student Information

Student Name: _______________________________ First ______________________________

School District ___________________________ Building ________________________

School Year __________________________________________________________________

School-based or Physician Certification

☐ This student’s visual acuity 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.

☐ This student’s visual disability, with correction and regardless of optical measurement, prevents the reading
of standard printed material.

☐ This student is unable to read or unable to use standard printed material as a result of physical limitations.

Name (printed): _______________________________ ______________________________

Date _______________________________ ______________________________

Signature ________________________________

Role: (e.g., Optometrist, Special Education teacher, Physician) ________________________________

OR

Physician Certification

☐ This student has a reading disability resulting from organic dysfunction of sufficient severity to prevent
him/her reading printed material in a normal manner.

Physician Name (printed): ________________________________ ______________________________

Phone _______________________________ Date ________________________________

Signature ________________________________

Role: (e.g., doctor of medicine or osteopathy) ________________________________

* Group A access is defined by 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) and the Individuals with Disabilities Education Act (34 CFR
300.172(e)(1)(i), 20 U.S.C. 1474(e)(3)(A)). The governing Delaware regulation can be found in the State Special Education
Regulations (14 DE Admin. Code 923.72.4).
Group B Access Verification*

(Students with IEPs who do not meet the Library of Congress definition for print disability)

Student Information

Student Name: Last______________________________ First______________________________

School District ___________________________ Building ___________________________

School Year ______________________________________________________________________

To qualify for Group B access, BOTH of the criteria below must be met:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>The student has a print disability as determined by a neurologist,</td>
<td></td>
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<tr>
<td>psychiatrist, learning disability specialist, special education teacher,</td>
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<tr>
<td>school or clinical psychologist with a background in learning disabilities.</td>
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<tr>
<td>It is the determination of the certifying staff members (or the student’s IEP team) that the student requires core instructional materials in accessible formats as documented in the IEP.</td>
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School/Team Information

I verify that the student listed above meets both criteria for Group B access.

Name (printed) ______________________________________________________________________

Date _______________________________________________________________________________

Signature __________________________________________________________________________

Role _______________________________________________________________________________

* Group B access is afforded to all students with print disabilities (14 DE Admin. Code 924.10.2), even when those students do not meet the more restrictive requirements specified in Library of Congress regulations (36 CFR 701.6(b)(1)) and the Individuals with Disabilities Education Act (34 CFR 300.172(e)(1)(i), 20 U.S.C. 1474(e)(3)(A)).
Guiding Questions for Provision of Accessible Instructional Materials

1. Has the team indicated that the student needs interventions, supports, and strategies in using grade-level textbooks and other core materials and listed specifics in the statement of the services, aids and modifications?

2. Has the team determined whether the student needs grade-level textbooks and other core materials in accessible instructional materials (AIM) formats based on the student’s profile and the nature of the educational tasks involving print?

3. Has the team determined which accessible instructional materials (AIM) formats the student needs based on the student’s profile and the nature of the educational tasks involving print?
   - ☐ Yes – complete documentation
   - ☐ No – assess student needs relative to curricular access

4. Have all settings in which AIM are needed been considered (e.g., homework, extracurricular activities) and documented on the IEP?

5. Does the IEP specify the materials (books and other core curricular materials) to be transformed?

6. Does the IEP specify the formats found to meet student needs?

7. Who will inform all instructional team members of their responsibility to provide AIM?

8. Who will ensure that AIM is provided to the student in a timely manner?

9. Who will ensure that documentation of student eligibility is forwarded to the appropriate LEA designee and shared with school staff?

10. Are accommodations of the print disability needed for valid administration of the state-level assessment?
    - ☐ Yes – refer to the Student Accommodation Checklist attached to the IEP
    - ☐ No

11. The nature of the student’s print disability qualifies him/her for:
    - ☐ Group A Access (document using Group A Access Form or the specific formats requested by Bookshare.org or RFB&D)
    - ☐ Group B Access (document using Group B Access Form)