

Date Needed: _____

AIM/AEM Scanning Eligibility & Production Request Form

brailleservices@iowaaea.org • 6500 Corporate Drive, Johnston, IA 50131

AEA USE	DATE IN: _____
	DATE OUT: _____

Name _____ Email _____

District _____ Building _____

I attest that the district owns the copyrighted books and has assigned the book to each student who is using an alternate format. The scanned files will be used exclusively for students who have an identified disability documented on an IEP or 504 accommodation plan. The alternate format files will not be reproduced or distributed.

Name, position

Date

- Bindings will be removed for the automatic document feeder scanner and replaced with a spiral or comb binding.
- Files will be saved as a PDF.
- Send PDF file to: Google Drive One Drive Other
- Please check files for accuracy as soon as you receive them.

ISBN _____

Title _____

Author _____

Publisher _____

Copyright _____

Check one: Entire book Scan pages _____ to _____

ISBN _____

Title _____

Author _____

Publisher _____

Copyright _____

Check one: Entire book Scan pages _____ to _____

ISBN _____

Title _____

Author _____

Publisher _____

Copyright _____

Check one: Entire book Scan pages _____ to _____

ISBN _____

Title _____

Author _____

Publisher _____

Copyright _____

Check one: Entire book Scan pages _____ to _____

Notes:

Send completed form and book to Heartland AEA, Attention: Braille Services