TANGIBLE AID/EQUIPMENT

NAME OF VISION COORDINATOR OR STATE APPROVED SPECIAL EDUCATION DIRECTOR:	ILLINOIS INSTRUCTIONAL MATERIALS CENTER 1850 W. ROOSEVELT RD CHICAGO, IL 60608-1228 PHONE: 312.997.3699 FAX: 312997.1687 IIMC@CHICAGOLIGHTHOUSE.ORG	FOR OFFICE USE ONLY
		TEACHER ORDER:
		RECEIVED:
DATE SIGNATURE	NEED BY: _____	PROCESS START:

INFORMATION OF INDIVIDUAL REQUESTING MATERIALS		SHIP TO ADDRESS* ** - CANNOT be home address/residence*
NAME:	EMAIL:	SCHOOL/DISTRICT:
WORK TITLE:	PHONE:	ATTENTION:
DISTRICT/AGENCY:		ADDRESS:

***REQUIRED* STUDENT INFORMATION**					
NAME					
DOB					
GRADE					
LEGALLY BLIND	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
IEP	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
IIMC NOTES					

QTY:	**VENDOR*, SKU or ITEM #, & ITEM NAME** ** - must accept POs, no cc/debit card purchases*	*special instructions*	**ASSIGNED TO:** *(student name)*	**FOR OFFICE USE ONLY** *order notes*	*equipment serial numbers*	*ship date*