

# Visual Aid Request Form

*Note: Please request only one visual aid per form. Please allow 2 weeks for completion from the time we receive your request form. Some items may take longer to complete if they are highly detailed or complex. Please note that there may be a nominal fee for some visual aids to cover our cost for materials.*

Today's Date	_____
Your Name	_____
Your Phone	(    )    _____
Your Email	_____
Role / Occupation	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Other: _____
Full name of individual the material is for: _____	
Individual's birthdate	_____ Gender _____ Race _____
Type of item needed	<input type="checkbox"/> Schedule <input type="checkbox"/> Calendar <input type="checkbox"/> Transition Aid <input type="checkbox"/> Choice Board <input type="checkbox"/> Other (please describe): _____
How should the picture elements be presented?	<input type="checkbox"/> Pictures only <input type="checkbox"/> Both pictures and words
Overall size needed	<input type="checkbox"/> Large (wall size) <input type="checkbox"/> Medium (desk size) <input type="checkbox"/> Small (carrying size)

Describe in detail the specific elements needed for this visual aid. Be sure to include the overall purpose and topic, special instructions, and a list of each specific picture element needed.

DESCRIPTION / INSTRUCTIONS	LIST OF PICTURE ELEMENTS
_____	1. _____
_____	2. _____
_____	3. _____
_____	4. _____
_____	5. _____
_____	6. _____
_____	7. _____
_____	8. _____
_____	9. _____
_____	10. _____
_____	11. _____
_____	12. _____
_____	13. _____
_____	14. _____
_____	15. _____
_____	16. _____
_____	17. _____
_____	18. _____