

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. _____