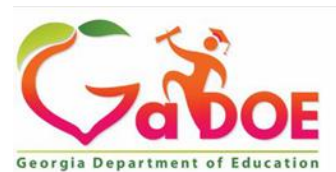


Georgia Instructional Materials Center

Smart Brailer Decision Guide



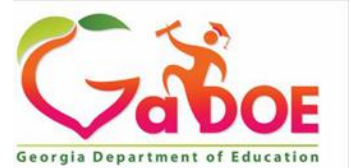
Complete this document for consideration for the Smart Brailer with your online order. A list of features comparing the Smart Brailer and Light Touch Brailer has been provided.

Features	Light-Touch Brailer Catalog # 1-00815-00	Smart Brailer Catalog # 1-00820-00
Light pressure on keys	X	X
Aluminum frame (heavier)	X	
Polycarbonate (lighter)		X
8.5X11 inch paper		X
11X14 inch paper	X	
Visual/audio feedback on screen		X
Building on Patterns (K)		X
Edit, save, and transfer files		X

Section 1: Demographic Information				
Date:		District:		
Student Name:		Grade:		
TVI Name:		Email:		
Section 2: Checklist			Yes	No
1.	Have you requested district support to acquire a device to produce braille?			
2.	Is the need for assistive technology documented within the IEP?			
3.	Is the student currently registered with APH through the GIMC?			
4.	Provide the number of classrooms in which the student requires braille.			
5.	Has there been an AT evaluation that recommends the Smart Brailer? (If "YES", please attach) (If "NO", please complete section 3)			
6.	Provide the number of braille goals the student has on their IEP?			
7.	Check the student's highest braille awareness level: ___ Pre-Braille Skills(ABCs) ___ Building on Patterns (BOP) Kindergarten ___ BOP 1 st grade ___ BOP 2 nd			
8.	If the student has used a brailer/braille writer in the past, for how long have they had it?			
9.	An order for a Smart Brailer has been placed with the GIMC via the online system.			

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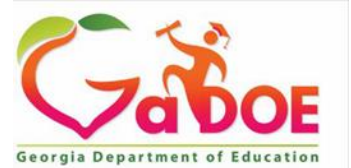
Smart Braille Decision Guide



Section 3 Justification: Please include a summary of data to explain why you are recommending the Smart Braille. (Complete if no Assistive Technology evaluation is attached)

- 1. Explain what strategies have been used to teach braille and what the outcome was.*
- 2. Explain the student's experience using auditory feedback and what the outcome was.*
- 3. Provide additional information as justification for a Smart Braille.*

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Section 5: Agreements of Use.	
	Initial of VI teacher
The information on this document is true and accurate. Based on this documented information, the recommended device is the best device required by the student named on this form to enable him or her to efficiently access print materials.	
I understand that the Smart Braille is on loan and remains the property of the GIMC.	
I understand that if broken (other than reasonable wear and tear) the repair of the Smart Braille (unless under warranty) is the sole responsibility of the local district.	
Vision Teacher	
Print Name:	
Signature:	
Date:	
District Level Special Education Administrator	
Print Name:	
Signature:	
Date:	

****PLEASE NOTE:** Fulfilment of this request is contingent on equipment availability and/or funding.

Please submit completed documentation via email to:

Email: gimc@doe.k12.ga.us