

Braille Item Sampler Order Form

The district must fill out this order form to request a Braille item sampler. Item samplers should be ordered on a student-need basis and these item samplers can be used by multiple students. Additional materials should not be ordered for district sample purposes. **Requests should be made only for currently enrolled students requiring Braille. For additional copies of the same test and grade, please submit additional order forms.**

Please fax to the attention of the Pearson Help Desk at 319-358-4299. **After faxing to Pearson, please allow one week for arrival.**

District Requesting Braille Item Sampler

District Name: _____ **District Number/Type (0000-00):** _____

School Name: _____ *Note: All materials are shipped to the district.

DAC: _____

Phone: _____

District Address: _____

City/State/Zip: _____

DAC email: _____

TEST	Type of Braille (circle one)	GRADE (circle grade)
MCA		
Reading	Contracted Uncontracted	3 4 5 6 7 8 10
Mathematics	Contracted Uncontracted	3 4 5 6 7 8 11
Science	Contracted Uncontracted	5 8 HS