



## K-3 Literacy Screener Braille Material Request 2024-2025

**District test coordinators must submit this braille materials request form 3 weeks prior to the opening of the screening window.**

**Please complete all of the following fields with typed responses (handwritten requests will not be accepted).**

**There must be a response for each item listed.**

School System:

School System Code:

School System Shipping Address:

Name of School:

Name of DTC:

DTC Email:

DTC Phone Number:

Student 10-Digit LASID:

Student Grade-Level (select one)

Type of Braille Requested (select one)

**I confirm this form was filled out and submitted by the District Test Coordinator.**

DTC Signature \_\_\_\_\_

Date \_\_\_\_\_

**Email completed form to [assessment@la.gov](mailto:assessment@la.gov)**