

APEL Education Consultancy LLC
SLICE Free Trial Registration

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Name _____ Title _____ Email _____

School _____ District _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

SLICE Student Roster

Subscribe students who have a print disability as defined by the Chafee Amendment. (refer to APEL Compliance Affidavit)

Student First Name	Student Last Name	Disability (VI, LD, PD)	Date of Birth mm/dd/yyyy	Grade	Facilitator	IEP or 504	Reading Level	Reading Test

SLICE Facilitator Registration

Facilitators must be school staff who are responsible for meeting the goals and objectives of a student's IEP.

They must sign the Compliance Affidavit

Facilitator First Name	Facilitator Last Name	Title	Email address

SLICE Registration form - Help Page

Complete Facilitator Registration, Subscriber Registration and APEL Compliance Affidavit.

Return by fax: (970)259-7313 or email: subscribers@apelslice.com.

Facilitator Name	Enter the first and last name of the person on your school staff who is responsible for the education plan of the student(s) you are registering.
Title	Enter the title of the staff person. (i.e. education technician, SPED teacher, teacher, aide)
Email Address	Enter the email address where APEL can communicate with this staff person.
Student Name	Enter the print-disabled reader's first and last name. If you've signed a Confidentiality Rider, you may enter an ID number in the last name field.
Qualifying Disability	Enter the appropriate disability or disabilities. VI = Visual impairment, including blindness LD = Learning disability PD = Other physical disability
Date of Birth	Enter the student's date of birth in the appropriate format.
Grade	Enter the student's current grade level.
Facilitator	Enter the name of the staff person responsible for the student's education plan.
IEP	Enter YES or NO whether the student has an Individual Education Plan. (IEP)
504 plan	Enter YES or NO whether the student is categorized as 504.
Compliance Affidavit	Read, sign and fax.