SOUTH DAKOTA ACCESSIBLE LIBRARY SERVICES

South Dakota State Library • 800 Governors Drive, Pierre, SD 57501 PHONE: 605-773-3131 • Toll Free 1-800-423-6665 • Fax 605-773-6962 WEBSITE: library.sd.gov/als • EMAIL: SDTalkingBookRequest@state.sd.us

Child and Young Adult Application for Free Library Service

* indicates required field.

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ПОІ	IC TI	IATION

HOME IN ORMATION	
Student Name (first*)	(initial) (last*)
Student Telephone	
Student Email	
Date of birth* (m) (d)	_ (y) Gender: Male Female
Parent/Guardian(s) Name*	
Relationship to Student*	
Parent Mailing Address*	
City* State*	Zip Code* County
Parent Telephone	
Parent Email	
receive services and equipment arentire NLS catalog of reading mate (including digital talking-book careaccessories) must be returned who	-
Parent/Guardian Signature*	Date

SDSL/ALS REVISED: 10.2024

SCHOOL INFORMATION

If services are to be provided throcompleted.	ugh the school, the	following must be
School Name*		
Contact Person's Name*		
Contact Person's Telephone		
Contact Person's Email*		
School Mailing Address*		
City* State*	Zip Code*	County
I understand that the above information services at school from	n registering my ch	nild to receive
Services.		Data
Parent/Guardian Signature*		Date

Books, Magazines, Materials, and Equipment

Please check any of the following items and/or services that you wish to receive.

- Talking Books on digital cartridge and a digital player: Easy to use digital player that plays audio books.
- Braille and Audio Reading Download (BARD): utilizing Digital Machine and/or BARD app available for your personal iOS, Android, & Kindle Fire mobile devices.
- Braille Books/eReader
- Magazines: a catalog for magazine selection will be sent.
- Descriptive Video Service: DVD videos with audio description that play on your personal DVD player.
- Textbooks

Eligibility Requirement*:

(Please check all that apply)

•	blindness: visual acuity of 20/200 or less with correction.
	Indicate Visual Acuity: L / R

ı	visual impairment:	inability	to rea	nd regular	print	with	optical	
	correction							

- physical disability: unable to hold book, turn pages or track words
- reading disability: any condition that prevents reading standard printed material
- deafblindness: combination of sight and hearing loss that affects a person's ability to communicate, access information and get around.

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Certifying Authority Requirements*:

Eligibility must be certified by one of the following doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, psychologists, registered nurses, therapists, and professional staff of hospitals or other facilities, and public or welfare agencies (such as educators, social workers, case workers, counselors, rehabilitation teachers, certified reading specialists, school psychologists, superintendents, or librarians).							
I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.							
Original or Digital signatures accept	ted.						
Signature	_ Date						
Name							
Telephone							
Mailing address							
City S	tate	_ Zip Code					
NOTICE: Records relating to library service in the state of South Dakota are confidential as defined by South Dakota Codified Law 14-2-51.							
Do you have a hearing impairment?	? Yes	No					
If yes, indicate the degree of impair	rment:	Moderate	Profound				

READING PREFERENCES, RECREATIONAL

Language)
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English

Spanish**

Other**:

Reading Comprehension Level

Select reading level most appropriate for student:

- preschool and younger
- grades K-3

- grades 3-6
- qrades 5-8
- qrades 6-9

- Jr. and Sr. high
- Sr. high and older

Do not send books that contain:

Descriptions of sex

- Explicit
- Some explicit
- Moderate
- Some

Descriptions of violence

- Explicit
- Moderate
- Some

Language

- Excessive
- Some
- Foreign Accent
- Foreign setting
- Unrated (may or may not contain sex, violence and/or strong language.)

Titles/Authors:

Please list the names of the titles or authors you would like.

^{**} Title availability may be limited by language preference.

Subjects

Select the types of books you would like to read:

Fiction (based on imaginary events and people)

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- Amish
- Animal
- Christian fiction
- Classics
- Detective stories
- Espionage
- Fantasy
- Historical fiction
- US
- Other:

Horror

- Humorous
- Human relationships
- Inspirational
- Legal stories
- Medical fiction
- Mystery stories
- Nostalgic/Gentle
- Occult
- Pioneer/frontier

- Psychological
- Religious fiction
- Romance
- Science fiction
- Spy stories
- Suspense
- Thrillers
- War stories
- Western stories

Nonfiction (based on facts, real events, and real people)

- Autobiographies
- Biographies (Any)
 - Actors
 - Adventure
 - o Art
 - o Crime
 - Historical
 - Music
 - Notable women
 - Political
 - Religion
 - Royalty

- Sports-teams/ athletes
- US History
- US Presidents
- o Other:_____
- Bible
 - Theology
 - Church History
 - o Denomination:
 - Devotional materials
- Disability issues

- o Blindness/visual
- o Physical
- Other:_____
- History
 - Native American
 - South Dakota
 - Europe
 - United States
 - o Pioneer
 - World
 - Other:
- Psychology (Self Help)
- War era:_____