

**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](mailto:subscribers@apelslice.com).**

<b>Facilitator Name</b>	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.
<b>Title</b>	Enter the title of the staff person. (i.e. education technician, SPED teacher, teacher, aide)
<b>Email Address</b>	Enter the email address where APEL can communicate with this staff person.
<b>Student Name</b>	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.
<b>Qualifying Disability</b>	Enter the appropriate disability or disabilities. VI = Visual impairment, including blindness LD = Learning disability PD = Other physical disability
<b>Date of Birth</b>	Enter the student's date of birth in the appropriate format.
<b>Grade</b>	Enter the student's current grade level.
<b>Facilitator</b>	Enter the name of the staff person responsible for the student's education plan.
<b>IEP</b>	Enter YES or NO whether the student has an Individual Education Plan. (IEP)
<b>504 plan</b>	Enter YES or NO whether the student is categorized as 504.
<b>Compliance Affidavit</b>	Read, sign and fax.