

School Individual Membership Application

Schools interested in purchasing Learning Ally memberships for less than 10 students must purchase Individual Accounts for each student. Please note:

- Each Individual Account costs \$135* for one year from the date of account creation (*price subject to change).
- Renewal notices will be sent via email to the payer on your account.
- If you are interested in accessing Teacher Ally, our online management tool that helps you individualize instruction and assign from more than 80,000 audiobooks while tracking reading activity for your qualified students, please contact our Education Solution Team at 800-221-1098 to learn more.

Applicant Information and Eligibility

Applicants: All fields are required for each student. Incomplete forms will be returned. If you have more eligible students than space available on this form, please contact our Education Solutions Team at 800-221-1098 to learn about more cost effective solutions for your school.

Eligibility: Learning Ally strictly regulates the distribution of material to qualified individuals who exhibit the characteristics of a learning disability as certified by a Competent Authority, which may include persons having a learning disability, such as dyslexia, visual impairment, or other physical disability that limits the ability to effectively read standard print.

Reading Accommodation - Students who struggle with reading, who are not responding to instructional interventions, or who need a reading accommodation to keep up with course content while working to improve reading skills. A competent authority should conduct student observations, assessments, and a review of student work to determine if the student's reading skill deficits are consistent enough to prohibit accessing standard texts at the expected benchmarks for the student's grade. For more information, visit Reading Accommodations.

Specific Learning Disability - Students who have a specific learning disability, meaning a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. It includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Students in this category often have SLD on their IEP or have a diagnosed learning disability.

Blind or Visually Impaired - Students who are blind or visually impaired.

Other Physical Disability - Students who have a physical impairment that prevents them from reading standard print, such as can't hold a book, turn the pages of a book, etc.

1. Student First/Last Name: Ava Finke

Date of birth: 03/09/2006

Email:ava.finke@stu.boone.kyschools.us

Phone:(859)750-2102

Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:

☐ Blind or Visually Impaired

☐ Learning Disability

☐ Physical Disability

☒ Reading Accommodation

2. Student First/Last Name:

Date of birth:

Email:

Phone:

Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:

☐ Blind or Visually Impaired

☐ Learning Disability

☐ Physical Disability

☐ Reading Accommodation

3. Student First/Last Name:

Date of birth:

Email:

Phone:

Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:

☐ Blind or Visually Impaired

☐ Learning Disability

☐ Physical Disability


☐ Reading Accommodation

4. Student First/Last Name:

Date of birth:

Email:

Phone:

Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:			
<input type="checkbox"/> Blind or Visually Impaired	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Reading Accommodation
5. Student First/Last Name:			
Date of birth:	Email:	Phone:	
Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:			
<input type="checkbox"/> Blind or Visually Impaired	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Reading Accommodation
6. Student First/Last Name:			
Date of birth:	Email:	Phone:	
Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:			
<input type="checkbox"/> Blind or Visually Impaired	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Reading Accommodation
7. Student First/Last Name:			
Date of birth:	Email:	Phone:	
Eligibility: Indicate the disability that limits the student's ability to read standard print effectively (check all that apply) as verified by a Competent Authority:			
<input type="checkbox"/> Blind or Visually Impaired	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Reading Accommodation
Certifier Statement			
I confirm to the conditions referenced above limiting the student(s)'s ability to effectively read standard print and to my competency to make this certification.			
Name of Competent Authority (print): Matthew Dryden			
Title/Professional Specialty: School Counselor			
Licensing Authority: Kentucky Department of Education		License Number: 201229788	
Place of Employment Randall K. Cooper High School			
Address: 2855 Longbranch Rd.			
City: Union	State: KY	ZIP Code: 41091	
Phone: (859)-384-5040	Email: matthew.dryden@boone.kyschools.us		
Signature of Competent Authority: 			
Membership Agreement & Copyright Acknowledgement			

Please read below and sign at the bottom. Your application cannot be processed without a signature.

Membership Agreement

Individual memberships are valid for one (1) year with unlimited access to Learning Ally's library of audiobooks.

Copyright Acknowledgement

The contents of all Learning Ally books are protected under copyright law. Learning Ally strictly regulates the distribution of materials to a qualified member population that has provided documented evidence of a print disability. Copying, sharing or redistributing Learning Ally books in any form to any person is strictly prohibited by law and is a violation of publishers' rights and the terms of your membership. Violators face a permanent suspension of Learning Ally membership and possible civil or criminal penalties.

Acceptance

Under penalty of perjury (see 17 U.S.C. 506(a), 1201-1204 and 18 U.S.C. 1001, 2319 and related statutes), I understand the statement above and agree to all terms and conditions of Learning Ally membership. To view all terms of service, please visit <http://www.learningally.org/Individual-TOS>

Cancellations and Refunds

If you opt to cancel your membership, you must contact our Customer Success team at CustServ@LearningAlly.org or 800-221-4792 to request a cancellation & refund of the membership fee within 30 days of your initial payment.

By signing, I agree to the terms of the copyright acknowledgment and agree that the students listed above are eligible to receive services from Learning Ally.

Name of Individual Completing Application: Matthew Dryden

Title/Professional Specialty: School Counselor

Date: 9/22/2020

Signature: 

Billing

Schools that have identified Learning Ally's audiobooks as an appropriate accommodation for student's eligible for services under federal disability legislation, including the Individuals with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act of 1973, are required to provide free access to those books.

For more information on the rights of students with disabilities, visit the U.S. Department of Education, Office of Special Education and Rehabilitation Services at www.ed.gov. You may also call the U.S. Department of Education at 800-872-5327.

Billing Information

Name of School/Institution: Randall K. Cooper High School

Billing Address: 2855 Longbranch Rd.

State: KY

ZIP Code: 41091

City: Union

Payment Method

☐ Check (Make check/PO payable to: Learning Ally, 20 Roszel Road, Princeton, NJ 08540)

☒ Purchase Order # _____ (Must attach PO)

☐ Credit Card: For security purposes, please contact our Customer Success Team at 800-221-4792 to provide your payment information over the phone OR provide your contact information below and we will call you to collect the payment by phone.

Contact Name and Phone Number: _____

Order Information

ITEM: School Individual Membership – SIM-INDIVIDUAL-ANNUAL-FEE

\$135.00

Number of Students: _____

x 1

TOTAL AMOUNT DUE:

\$135.00

NOTE: All information on this application is considered confidential. Learning Ally does not sell, trade or otherwise share member information to any third parties; however, in conjunction with Learning Ally's funding programs, aggregate data may be provided to agencies and institutions when required for verification purposes or to illustrate the extent of services rendered.

Thank you for completing this membership application. After submitting the application, please allow 2-3 business days to receive your confirmation email. Your students will receive a welcome email and login information. We look forward to partnering with you!

Please return the completed form to:

Fax:

609.751.5263

Email: CustServ@learningally.org