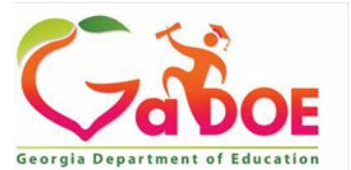


Georgia Instructional Materials Center

Accessible Educational Materials

Eligibility Certification



Section 1 – Student Demographics			
Name:			
Date of Birth:			
Date of Reported Condition:			
School System:			
Section 2 - Disability Category 1: Complete this section ONLY for the following Certification Types.			
Print Disability:	Blind		
	Vision Impaired or Otherwise Print-Impaired		
	Physically Disabled		
Section 3 – Signature of Certifying Authority:			
Name:			
Title/Position: See Common Certifying Authorities			
Address:	Street:		
	City:	State:	Zip:
Signature:			
Date:			
Common Certifying Authorities			
Learning Disabilities	Visual Impairments	Physical Disabilities	
<ul style="list-style-type: none"> special education teacher learning disability, dyslexia, or resource specialist school psychologist clinical psychologist with a background in learning disabilities family doctor psychiatrist neurologist 	<ul style="list-style-type: none"> teacher of the visually impaired special education teacher family doctor ophthalmologist optometrist National Library Service for the Blind and Physically Handicapped, or similar government body outside the U.S. 	<ul style="list-style-type: none"> resource specialist, special education teacher physical therapist family doctor or other medical professional 	