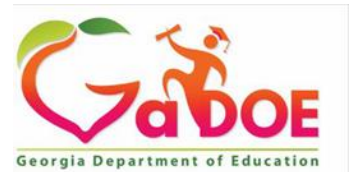


Georgia Instructional Materials Center

Accessible Educational Materials

Eligibility Certification



Section 1 – Student/Patient 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.			
Certification Type: Initial or check one:	<input type="checkbox"/>	Blind	
	<input type="checkbox"/>	Vision Impaired	
	<input type="checkbox"/>	Physically Disabled	
	<input type="checkbox"/>	Organic brain dysfunction (<i>Use Section 3</i>)	
*Certifying Authority: Initial or check one:	<input type="checkbox"/>	Doctor of medicine	
	<input type="checkbox"/>	Therapist	
	<input type="checkbox"/>	Ophthalmologist	
	<input type="checkbox"/>	Optometrist	
	<input type="checkbox"/>	Registered nurse	
	<input type="checkbox"/>	Professional staff of <ul style="list-style-type: none"> • hospitals, • institutions, and • public or welfare agencies(e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents) 	
Section 3 - Disability Category 2: Complete this section ONLY for the following Certification Type.			
Certification Type:		Organic brain dysfunction (e.g., Learning Disability, Dyslexia)	
*Certifying Authority:		Doctor of medicine (<i>only qualified to make certification</i>)	
Section 4 – Signature of *Certifying Authority:			
Name:			
Title/Position:			
Address:	Street:		
	City:	State:	Zip:
Signature:			
Date:			