



ELIGIBILITY DATA FORM FOR CANCELLATION/DEFERMENT REQUESTS FOR TEACHERS OF SPECIAL NEEDS CHILDREN

I. CERTIFICATION OF SPECIAL NEEDS STUDENT POPULATION

- A. This information pertains to the academic year ____-____.
B. Please indicate below the NUMBER of students you teach that fall into each category (use ONE category for multi-handicapped):

Table with 2 columns: Category and Description. Categories include Mentally Impaired, Hard of Hearing, Deaf, Speech Impaired, Visually Handicapped, Seriously Emotionally Disturbed, Orthopedically Impaired, Specific Learning Disabilities, Other Health Impaired, and TOTAL STUDENTS YOU TEACH.

II. CERTIFICATION OF JOB CONTENT

- A. Are you professionally employed in classroom instruction or curricular-supportive activities? YES ___ NO ___.
B. Are you engaged PRIMARILY in providing direct and personal services to students? YES ___ NO ___ (if some duties are not please list them).
C. Are you licensed by the State? YES ___ NO ___.
D. Please indicate your official job title _____.

III. CERTIFICATION OF AGES/PROGRAM

- A. Indicate the chronological age range of the students you teach: From ___ to ___ years of age.
B. If you are teaching children below the age of 6, is your program (i.e. kindergarten/pre-kindergarten) certified by your state as part of that state's elementary education program? YES ___ NO ___.

IV. CERTIFICATION OF INSTITUTION

If your institution is not part of a public or non-profit elementary or secondary school system, please respond to the following questions:

- A. Is your institution eligible to contract with school districts to provide elementary or secondary (as defined by state law) education for handicapped children? YES ___ NO ___.
B. Do you hold a valid certificate with a special education endorsement for purposes of teaching handicapped children? YES ___ NO ___.

Signature and Date lines for Borrower's Signature, Date, Employer's Signature, and Date.