NIMAS Wyoming Student Eligibility Form

Student: ___________________________  WISER ID #: __________________________

Date of Birth: ______________  School District: ____________________________

**Visual Impairment or Blindness** - The student meets the Wyoming Department of Education Eligibility criteria for Visual Impairment, as certified by a competent authority: doctor of medicine, ophthalmologist, optometrist, registered nurse, therapists, teacher for the visually impaired, orientation and mobility specialist or professional staff of hospitals or institutions. Please attach documentation.

__________________________________________________________________________

Signature of Certifying Authority

Printed Name and Title

**Physical Limitations** - The student is unable to read or to use standard print as a result of physical limitations, as certified by a competent authority: doctor of medicine, registered nurse, therapist, specialist or professional staff of hospitals or institutions. Please attach documentation.

__________________________________________________________________________

Signature of certifying authority

Printed Name and Title

**Reading Disability** - The student has reading limitations based in organic dysfunction and of sufficient severity to prevent the reading of printed materials in a normal manner. Certified by a doctor of medicine who may consult with colleagues in associated disciplines.

__________________________________________________________________________

Signature of Medical Doctor

Printed Name

When completed, mail or fax this form to: Leslie Bechtel Van Orman, Wyoming Department of Education, 320 West Main, Riverton, WY 82501  FAX (307) 857-9257