

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) 777-2557