

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