

**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):

Mentally Retarded	Specific Learning Disabilities (as defined per PL. 94-142)
Hard of Hearing	
Deaf	Other Health Impaired (please specify other impairment)
Speech Impaired	
Visually Handicapped	Number that does not fall into one of the above categories
Seriously Emotionally Disturbed	
Orthopedically Impaired	TOTAL STUDENTS YOU TEACH

**II. CERTIFICATION OF JOB CONTENT**

- A. Are you professionally employed in classroom instruction or curricular-supportive activities?  
YES \_\_\_ NO\_\_\_ .  
If your job is (or in part) curricular supportive, highlight which duties you consider to be curricular supportive and indicate the percent(%) of time spent on these duties (this may be done in your job description).
- 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\_\_\_ .

Borrower's Signature	Employer's Signature
Date	Date