

## 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):

Intellectually Disabled	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	<b>TOTAL STUDENTS YOU TEACH</b>

### II. CERTIFICATION OF JOB CONTENT

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

### III. CERTIFICATE 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 (i.e., kindergarten/pre-kindergarten), is your program 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	Date
Employer's Signature	Date

Please submit completed form to:

ECSI  
PO Box 1289  
Moon Township, PA 15108

OR



Indiana University  
1024 E 3rd Street Room 122  
Bloomington, IN 47405