

Student's Name: _____
please print

SECTION II: School Information (To be completed by SSD Coordinator or official school representative after Section I is completed and signed.) **Please use pencil.**

NOTE: We cannot process the Student Eligibility Form unless we have an SSD Coordinator Form on file for your school.

School code of the Official completing the form must be gridded. →

6-digit High School Code					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

For assistance in filling out Section II, refer to the guidance and definitions provided in the *Instructions for Completing the Student Eligibility Form*.

A. Disability (Must be completed)

What is the diagnosed disability? (Note all that apply)

- LD (e.g., dyslexia, visual/auditory/language processing)
- ADHD
- Hearing
- Visual (specify): _____
- Physical (specify): _____
- Other impairment (specify): _____
(If this is the only disability, include documentation for review.)
- No diagnosed disability (include documentation for review)

B. Documentation (Must be completed)

1. Formal Education Plan/Program Verification

a. Indicate the current school-generated formal educational plan/program that is approved for the student. (To be current, the plan/program must have been approved within the past 12 months.)

- Current IEP
- Current 504 plan
- Current Formal Written Plan/Program
- No current formal plan is in place (include documentation)
- Student has been declassified (include documentation for review)

Month	Year
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b. What is the date the above specified plan/program was approved for the student?

c. Indicate when the FIRST official educational plan/program was created for the student (even if created at another school).

- More than 4 school months ago
- Less than 4 school months ago (include documentation for review)

2. Evaluation Testing Verification

Additional assistance and cited references are provided in the *Instructions for Completing the Student Eligibility Form*, Section II.

a. Is the testing current (in most cases, within five years) to support the need for accommodation/s? (Note: For psychiatric disabilities, the annual evaluation update must not be older than 12 months from the time of request.)

- Yes
- No (include documentation for review)
- Does not apply (only for certain physical/visual conditions): see *Instructions*. Include documentation for review.

If yes, indicate date of most recent evaluation (write in mm/dd/yy)

Examiner's name and title

Area of certification/license

Date of Evaluation

b. Indicate the most recent standardized tests used to document the existence of the disability and the need for accommodation/s.

Cognitive Ability Test (Test Name: _____)

Academic Achievement Test (Test Name: _____)

- School documentation includes results from BOTH test names noted above.
- School documentation does not include results from BOTH tests above (include documentation for review).
- Does not apply (only for certain physical/visual conditions) (include documentation for review). See Section II of *Instructions*.

C. Accommodations Provided and Used on School Tests (Must be completed)

- Accommodations that the student is requesting based on disability in Section III. of this form have been provided and used on school tests for the past four school months (includes when student requests less extended time for College Board tests than provided and used for school tests).
- Accommodations that the student is requesting based on disability in Section III. of this form have NOT been provided and/or used on school tests for the past four school months. (Include documentation for review.) In the space below, describe the accommodations student is requesting that are not provided and used at school.

Do not separate the pages of this form.

