Special Education Scholarship Grants for Children with Disabilities (Disabilities Grant)

Documentation of Continuing Eligibility

State law requires the State Education Assistance Authority (SEAA) to confirm a student’s continuing eligibility for the Disability Grant at least every three years. The date of initial eligibility is the date of the public school system’s Eligibility Determination (Form DEC3) issued by the Individualized Education Program (IEP) team. Tracking of the three-year cycle begins with this date.

One of the following processes must document continuing eligibility for the student every three years in order for the student to remain eligible for the Disabilities Grant Program. The Disabilities Grant does not collect medical records or educational test results. Families submit one of the two documents outlined below.

1. The local public school system assesses the student to determine if he or she continues to be a child with a disability. The public school then verifies the outcome via the Eligibility Determination (Form DEC3) issued by the IEP team at the time of the reevaluation.

   OR

2. A licensed psychologist with a school psychology focus or a licensed psychiatrist assesses the student and completes this form.

   To be completed by the psychologist or psychiatrist:

   ____________________________  ____________________________
   Student Name (printed)        Student Birthdate

   I certify that I have reviewed appropriate medical and educational records for the student named above. I further certify that the education and related services received by the student in the nonpublic school setting have improved the child’s educational performance, and that the child will continue to benefit from placement in the nonpublic school setting.

   I certify that I am a psychologist with a school psychology focus or a psychiatrist, licensed to practice in North Carolina. I further certify that I have the knowledge and expertise to make the assessment and render the foregoing certification. I am licensed and in good standing with the North Carolina agency governing my profession.

   ____________________________  ____________________________
   Psychologist/Psychiatrist name (printed)        Date

   ____________________________  ____________________________
   Psychologist/Psychiatrist name (signature)        License number

NCSEAA 10/21/2016