K12 Programs

Documentation of Continuing Eligibility

State law requires the North Carolina State Education Assistance Authority (NCSEAA) to confirm a student’s continuing eligibility for the Disability Grant and/or the Education Savings Account programs (Programs) at least every three years. The date of initial eligibility is the date of the public school system’s DEC3 Eligibility Determination (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 one or both of the programs. Neither program requires medical records or educational test results however; families must submit one of the two documents outlined below:

1. The local public school system assesses the student to determine if the student continues to be a child with a disability. The public school then verifies the outcome via the DEC3 issued by the IEP team at the time of the reevaluation; OR

2. A North Carolina Licensed Psychologist with a school psychology focus or a North Carolina 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)

__________________________________________
Licensed Number

**Disabilities Grant**
Phone: 1-855-330-3955
Email: DGrants@ncseaa.edu
Fax: 919-248-4687

**Education Savings Account**
Phone: 1-855-330-3955
Email: ESA@ncseaa.edu
Fax: 919-248-4687