

State law requires the State Education Assistance Authority (SEAA) to confirm a student’s continuing eligibility for the Education Student Accounts (ESA+) program at least every three years. The date of initial eligibility is the date of the public-school system’s Eligibility Determination 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 for the student to remain eligible for the program. The program does not require 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 Eligibility Determination 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.*

*Exceptions: The Psychologist/Psychiatrist Assessment cannot be used: 1) to document a change in the area of disability or 2) if the student’s only disability designated on the IEP Eligibility Determination is Developmental Delay.

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