**Certification of Exceptionality**

Complete and attach this form to all assistive technology (AT) applications to support students with difficulties in reading, writing and/or Math. Student’s programming must include prescribed curriculum, modified prescribed courses and/or alternate curricular courses.

|  |
| --- |
| Student Name: |
| Student Date of Birth: Y      M      D |
| **I certify that:**  This student has been identified with  Specific Learning Disorder  Attention Deficit Hyperactivity Disorder  Autism Spectrum Disorder  Intellectual Disability  Physical Disability  Traumatic Brain Injury  This exceptionality significantly interferes with the student’s abilities in the following areas (please select all which apply):  Reading  Written Expression  Math  Written Output (Confirmed by Occupational Therapist, Pediatrician, or Neurologist/Neurosurgeon assessment on file at school) |
|  |
| A comprehensive assessment is on file which confirms this exceptionality, documents how it impacts programming and supports the application for the requested AT.  The requested AT has been recommended by the student's program planning team |
| I am a Level C NLESD/CSFP employed assessor.  Additional Information (if required): |

Signature of Guidance Counsellor/Educational Psychologist completing this form:

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Please print/type name:            Date:

**Please attach this form and required letters to student's *AT Application*.**