**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*.**