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district  
logo here.

*SAMPLE Form:*  
**NIMAS Qualifying Information**  
**For Students with Physical Limitations OR**  
**Students with Reading Disabilities due to an Organic Dysfunction**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
Print name of competent authority/title

Must check one:

- Physical Limitations** - The student is unable to read or to use standard print as a result of physical limitations, i.e. hold a book or turn its pages, as certified by a competent authority: doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, and professional staff of hospitals, institutions, and public or welfare agencies.

\_\_\_\_\_  
Signature of district/school certifying professional

Date: \_\_\_\_\_

**OR**

- Reading Disability** - The student has reading limitations based on organic dysfunction and of sufficient severity to prevent the reading of printed materials in a normal manner, as certified by a doctor of medicine who may consult with colleagues in associated disciplines.

\_\_\_\_\_  
Signature of district/school certifying professional

Date: \_\_\_\_\_

***When completed, this form should be placed in student's file.***