



## EXCEPTIONAL SC THIRD PARTY DESIGNATION PROOF OF ELIGIBILITY MEDICAL/PROFESSIONAL FORM

### 43-243.1. Criteria for Entry into Programs of Special Education for Students with Disabilities.

#### A. General Requirements

These criteria for entry into programs of special education for students with disabilities will be used by all members of the multidisciplinary team, who may include school psychologists, speech-language therapists, and other persons responsible for the identification and evaluation of students with disabilities.

#### Categories of disabilities as defined in 43-243.1:

- autism
- deafness and hearing impairment
- deafblindness
- emotional disability
- mental disability
- multiple disabilities
- orthopedic impairment
- other health impairment
- specific learning disability
- speech or language impairment
- traumatic brain injury
- visual impairment

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This form should be completed by a licensed medical professional. Upload and attach the completed form to the Exceptional SC online application.

***Please note: Beginning with the 2018-2019 application year, we will only accept the Exceptional SC medical/professional form. Forms previously used by former SFOs will no longer be accepted.***

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### South Carolina Exceptional Needs Children's Fund Act 247 defines an "exceptional needs child" as a child:

- (a) who has been evaluated in accordance with this state's evaluation criteria, as set forth in S.C. Code Ann. Regs. 43-243.1, and determined eligible as a child with a disability who needs special education and related services, in accordance with the requirements of Section 300.8 of the Individuals with Disabilities Education Act; **or**
- (b) who has been diagnosed within the last three years by a licensed speech-language pathologist, psychiatrist, or medical, mental health, psychoeducational, or other comparable licensed health care provider as having a neurodevelopmental disorder, a substantial sensory or physical impairment such as deaf, blind, or orthopedic disability, or some other disability or acute or chronic condition that significantly impedes the student's ability to learn and succeed in school without specialized instructional and associated supports and services tailored to the child's unique needs.

#### By signing below, I am affirming:

1. I am a licensed speech-language pathologist, psychiatrist, or medical, mental health, psychoeducational, or other comparable licensed health care provider.

Licensed health care provider type: \_\_\_\_\_

2. I diagnosed the above named student on \_\_\_\_\_ (most recent date within three years) as having a neurodevelopmental disorder, a substantial sensory or physical impairment (deaf, blind, or orthopedic disability), or some other disability or acute or chronic condition that significantly impedes the student's ability to learn and succeed in school without specialized instructional and associated supports and services tailored to the student's unique needs.

Disability type: \_\_\_\_\_

Additional notes or details (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PROFESSIONAL'S NAME (PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PROFESSIONAL'S SIGNATURE

\_\_\_\_\_  
DATE



## Exceptional SC Educator Eligibility Form

This form should be completed by a School Administrator and should only be used if the documentation for eligibility cannot be verified using the Exceptional SC Medical/Professional form.

Acceptable reasons are out of state evaluation, school district evaluation, school district IEP, etc. Upload and attach the completed form to the Exceptional SC online application.

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I affirm that (School Name): \_\_\_\_\_  
has in its possession a copy of (Child's Name)'s: \_\_\_\_\_  
legal documentation citing the qualifying disability. (see list of below for qualifying disability).

Document Name: (IEP, etc.) \_\_\_\_\_ Document date: \_\_\_\_\_

Disability as it appears on the document: \_\_\_\_\_

Name of the authorizing administrator: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Autism, deafness and hearing impairment, emotional disability, mental disability, multiple disabilities, orthopedic, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment

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**Falsification of this document can disqualify the school for Exceptional SC grants**

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