



## Cape Cod Collaborative Proof of Print Disability

### Identifying Information

To be filled out by the School District (All fields are required. Please type or print.)

**Name of Student:**

**Address:**

**City:**

**State:**

**Zip:**

**Date of Birth:**

**School District:**

Please indicate the disability that prevents the student from effectively reading standard print by placing an "x" next to the one that applies:

**Visual impairment, including blindness**

**Learning disability**

**Other physical disability**

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**To be filled out by Certifying Professional:** (please type or print)

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other physical disability limiting the applicant's ability to effectively use standard print, and that I have the professional qualifications to make such a certification.

**Name of Certifying Professional:**

**Title:**

**Organization:**

**Address:**

**City:**

**State:**

**Zip:**

**Daytime phone:**

**Email:**

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

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