

Disability Certification Form

Please use this form to certify that the named child is a “child with a disability,” as defined by Texas Education Code §29.351(3). This form is used only to determine the child’s priority of admission into the Texas Education Freedom Accounts (TEFA) program. This form will not be used to establish the amount of TEFA funds awarded for the child, to establish a child’s individualized education program (IEP), or for any other purpose. Parents must submit this completed form with their online application. **This form is not required if another proof of disability is submitted, including an IEP issued by a Texas school district or an open-enrollment charter school, a verified IEP issued by a school district in another state, or a full individual and initial evaluation conducted by a Texas school district.**

For questions about this form, please contact disabilityform.tefa@cpa.texas.gov.

Only licensed professionals qualified to certify the child’s disability may complete and sign this form. The Instructions for Completing the Disability Certification Form (“Instructions”) describes the criteria to determine whether a child is a “child with a disability.”

Scan the QR code to view the Instructions.



1. Child. Please enter the requested information for the child whose disability you are certifying.

Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

2. Applicable Disability. Please check the box next to each disability that you are certifying. It is not necessary to certify more than one of the following disabilities to establish the child’s priority of admission. Certification may be made by any qualified licensed professional, except where certification by a particular type of licensed professional is specified below. If a disability requires the certification of multiple licensed professionals, each professional must initial the blank applicable to that professional and sign below to certify the indicated disability. The Instructions describe the criteria for each disability and whether any particular type of licensed professional is required. **By checking the box next to a disability and signing below, you certify that the child meets all the criteria described in the Instructions for the disability.**

<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf-blindness (must be certified by a speech/language therapist, a certified speech and language therapist, or a licensed speech language pathologist)
<input type="checkbox"/> Deaf or hard of hearing (must be certified by a licensed audiologist)	<input type="checkbox"/> Emotional disability
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Orthopedic impairment (must be certified by a licensed physician)	<input type="checkbox"/> Other health impairment (must be certified by a licensed physician, a physician assistant, or an advanced practice registered nurse with authority delegated under Texas Occupations Code, Chapter 157)
<input type="checkbox"/> Specific learning disability (must be certified by (1) at least one person qualified to conduct individual diagnostic examinations of children, such as a licensed specialist in school psychology/school psychologist, an educational diagnostician, a speech-language pathologist, or a remedial reading teacher, and (2) one of the following: (a) the child’s general education teacher; (b) if the child does not have a general education teacher, a general education classroom teacher qualified to teach a child of the child’s age; or (c) for a child of less than school age, an individual qualified by the Texas Education Agency to teach a child of the child’s age) Initials: _____ (by person qualified to conduct individual diagnostic examinations of children) Initials: _____ (by, as applicable, child’s general education teacher, qualified general education teacher, or individual qualified by the Texas Education Agency)	<input type="checkbox"/> Speech impairment (must be certified by a certified speech and hearing therapist, a certified speech and language therapist, or a licensed speech/language pathologist)
	<input type="checkbox"/> Traumatic brain injury (must be certified by a licensed physician)
<input type="checkbox"/> Noncategorical early childhood	<input type="checkbox"/> Visual impairment (must be certified by (1) a licensed ophthalmologist or optometrist, (2) a certified teacher of students with visual impairments, <u>and</u> (3) a certified orientation and mobility specialist) Initials: _____ (by licensed ophthalmologist or optometrist) Initials: _____ (by certified teacher of students with visual impairments) Initials: _____ (by certified orientation and mobility specialist)
<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Developmental delay

3. Licensed Professionals. Please enter the requested information for each licensed professional who is certifying the child's disability. **If more than one licensed professional certifies the child's disability, each licensed professional must sign below.**

This form will be used only to determine the named child's priority of admission to the Texas Education Freedom Account program to prove the child is a "child with a disability," as defined by Texas Education Code §29.351(3), who is eligible to participate in a school district's special education program because the child meets the criteria of one or more disabilities as described in the Instructions.

A person who **knowingly** makes a false entry in this form may be prosecuted under Texas Penal Code §37.10, Tampering with a Government Record, as a Class A misdemeanor or state jail felony, and may be reported to the authority that issued their professional license.

EACH LICENSED PROFESSIONAL SIGNING BELOW CERTIFIES THE FOLLOWING:

- I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND AM QUALIFIED TO CERTIFY EACH DISABILITY THAT I HAVE CHECKED ABOVE.
- I CERTIFY, UNDER PENALTY OF PERJURY, THAT IN MY PROFESSIONAL JUDGMENT THE NAMED CHILD MEETS THE CRITERIA DESCRIBED IN THE INSTRUCTIONS FOR EACH DISABILITY THAT I HAVE CHECKED ABOVE.

Name of Licensed Professional: _____ Work Phone: _____

Work Address: _____

Type of Professional License: _____

Professional License Number: _____ State/Authority Issuing License: _____

I HEREBY CERTIFY AS DESCRIBED ABOVE.

sign here _____
Signature

Name of Licensed Professional: _____ Work Phone: _____

Work Address: _____

Type of Professional License: _____

Professional License Number: _____ State/Authority Issuing License: _____

I HEREBY CERTIFY AS DESCRIBED ABOVE.

sign here _____
Signature

Name of Licensed Professional: _____ Work Phone: _____

Work Address: _____

Type of Professional License: _____

Professional License Number: _____ State/Authority Issuing License: _____

I HEREBY CERTIFY AS DESCRIBED ABOVE.

sign here _____
Signature