

[Licensed Physician Letterhead]

[CHILD'S NAME] has been diagnosed as a child with a disability under IDEA, specifically [1 of 12 category options listed below], in accordance with 20 U.S.C. § 1401(3)(A). Their parent/guardian [PARENT NAME] has requested this letter as proof to apply for the Succeed Scholarship.

I acknowledge by signing below that this is a true and accurate statement of diagnosis.

[Licensed Physician Signature]

1. Autism
2. Deaf-Blindness
3. Hearing Impairment (including deafness)
4. Emotional Disturbance
5. Intellectual Disability,
6. Multiple Disabilities
7. Orthopedic Impairment
8. Other Health Impairment
9. Specific Learning Disability
10. Speech or Language Impairment
11. Traumatic Brain Injury
12. Visual Impairment (including blindness)