

2021-2022 Licensed Physician/Florida-Psychologist Diagnosis of Disability Form

Instructions: Please take this form to your child's licensed physician or Florida-licensed psychologist and have them check one or more of the following disabilities that pertain to your child (as defined below) then have them sign and date the bottom of the form. Return the form to AAA Scholarship Foundation. **This Form is Required for New and Transfer Applicants Only.**

- Autism Spectrum Disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association.
- Down syndrome, as defined in s.393.063(13), "Down syndrome" means a disorder caused by the presence of an extra chromosome 21.
- Cerebral palsy, as defined in s.393.063(4), "Cerebral palsy" means a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke.
- Intellectual disability, as defined in s.393.063(21), "Intellectual disability" means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely.
- Phelan-McDermid syndrome, as defined in s.393.063(28) "Phelan-McDermid syndrome" means a disorder caused by the loss of a terminal segment of the long arm of chromosome 22, which occurs near the end of the chromosome at a location designated q13.3, typically leading to developmental delay, intellectual disability, dolichocephaly, hypotonia, or absent or delayed speech.
- Prader-Willi syndrome, as defined in s.393.063(25), "Prader-Willi syndrome" means an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia or an excessive drive to eat which leads to obesity usually at 18 to 36 months of age, mild to moderate intellectual disability, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior.
- Spina bifida, as defined in s.393.063(36), "Spina bifida" means, for purposes of this chapter, a person with a medical diagnosis of spina bifida cystic or myelomeningocele.
- For a 3-5-year-old, being a high-risk child as defined in s. 393.063(23).
- Williams syndrome
- Muscular dystrophy
- Dual sensory impaired
- Anaphylaxis
- A hearing impairment, including deafness
- A visual impairment, including blindness
- Traumatic brain injured
- Rare diseases which affect patient populations of fewer than 200,000 individuals in the United States, as defined by the National Organization for Rare Disorders. **NAME OF RARE DISEASE (REQUIRED):** _____
- Hospital or homebound, as defined by rules of the State Board of Education and evidenced by reports from local school districts. The term "hospital or homebound" includes a student who has a medically diagnosed physical or psychiatric condition or illness, as defined by the state board in rule, and who is confined to the home or hospital for more than 6 months.
- Speech impairment
- Language impairment
- Orthopedic impairment
- An other health impairment, as defined in Rule 6A-6.030152. Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury.
- Emotional or behavioral disability
- Dyslexia
- Dyscalculia
- Developmental aphasia
- Another the specific learning disability not listed above. **NAME OF SPECIFIC LEARNING DISABILITY (REQUIRED)** _____
- NONE OF THE ABOVE

FOR LICENSED PHYSICIAN/FLORIDA-LICENSED PSYCHOLOGIST ONLY

I confirm that _____ (student name) has been diagnosed by me with the defined disability above.

Physician Signature:	Physician Printed Name:
Physician Address:	Date Signed:
Medical ID Number:	State Where Licensed:

Mail or Email this Form along with the Completed Application and Required Documents to:

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-0719
Email: AAAGardiner@aaascholarships.org