

FORM-DYSLEXIC-1

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY
DYSLEXIC CANDIDATE**

**{To be obtained from any Government or Government approved Learning Disability
Clinic/Neurodevelopmental Centre/Dyslexia Association}**

Date: _____

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Candidate Registration in the Clinic/Centre/Dyslexia Assn. (date /number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No. : of the Dyslexia Association:

Recent PP size
photograph of the
candidate.

Physical & Neurologic Assessment: []

Psychological Assessment: []
WISC Verbal IQ:
 Performance IQ:
 Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)*.
2. The disability is **PERMANENT** in nature and **DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).**

*Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:

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