

## 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):

Passport  
size  
Photograph  
of the  
Candidate

Name of the Father/Mother/Guardian:

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

## Physical & Neurologic Assessment: [ ]

Psychological Assessment: [ ]

## Performance IQ:

## Full Scale IO:

## 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:**