Provider of Early Intervention Services Cancellation Addendum

Part 1-To Be Completed By Borrower

Borrower Name (Last, First, Initial):	Account Number:	Social Security Number:
Address: City: State: Zip:		Telephone Number:

Part 2 - To Be Completed By Employer

The borrower indicated above has applied for a cancellation of their student loan based on their employment as a provider of early intervention services. In order for a cancellation request to be honored, the employer must respond to the following questionnaire.

	Yes	No
1 Is the above referenced borrower employed with your agency?		
2 Is borrower a full-time employee?		
3 Please indicate borrower's job title_____.		
4 Borrower's **full-time** employment start date_____end date (if applicable)_____		
5 Is borrower a qualified professional provider of early intervention services?		
6 Are the services provided by this borrower provided to infants and toddlers with disabilities (as defined below)? Infants and toddlers with disabilities are defined as: Infants and toddlers from birth to age two, inclusive, who need early intervention services for specified reasons, as defined in section 672(1) of the Individuals with Disabilities Education Act. Section 672(1) of the Act defines infants and toddlers with disabilities as those who have a diagonosed physical or mental condition which has a high probability of resulting in developmental delay or are experiencing developmental delays, as measured by appropriate diagnostic intruments and procedures in one of more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, or self-help skills. The term infants and toddlers with disabilities may also include, at a state's discretion, individuals from birth to as two, inclusive, who are risk of having substantial developmental delays if early intervention services are not provided.		
7 Does your agency operate a public or other nonprofit program under public supervision?		
8 A copy of the borrower's job description must accompany this form. Is a job description enclosed?		

Certification By Employer required. I certify that the information stated above is true and correct.

Certifying Organization: Telephone No:	Signature of Authorized Official:	
Address:	Title:	Date Signed:
State: Zip:	**Form may be faxed to:** **(517) 353-9640**	**Please return to:** **Michigan State University** **140 Administration Building** **East Lansing, MI 48824-0110**