



**PART II - TO BE COMPLETED BY THE EMPLOYER**

- ▶ Is the borrower providing developmental services that are:
- provided under public supervision
  - provided at no cost, except where federal and state law provides for a system of payments by families, including a schedule of sliding fees
  - designed to meet a handicapped infant's or toddler's developmental needs in one of the following areas:
    - cognitive development
    - language and speech development
    - physical development
    - psychosocial development
    - self-help skills
- Yes                      No

- ▶ Do the children have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays, or are expecting developmental delays as measured by appropriate diagnostic instruments and procedures in one of the following areas:
- cognitive development
  - physical or psychosocial development
  - self-help skills
- Yes                      No

▶ What is the borrower's job title? \_\_\_\_\_  
(Please attach an official, detailed job description.)

\_\_\_\_\_  
Name and Title of Certifying Official

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Cancellation forms can be mailed or faxed to:**

Boston College  
Office of Student Services, Lyons Hall  
140 Commonwealth Avenue  
Chestnut Hill, MA 02467  
Attn: Mark Schuman  
Fax: 617-552-4889