

Physician's Report of Medical Status to Multidisciplinary Team

Date:

To:

(Student) _____ (DOB: _____), child of _____, has been referred for Special Education Services. As part of the special education *identification process*, the multidisciplinary evaluation team (MDT) *will consider information provided by a physician to determine eligibility* for special education services on the basis of health or medical needs.

In order to *consider* the student's need for services, we have enclosed a signed medical release and would appreciate completion of this form.

Medical diagnosis or description of medical/health condition:

(including any current or past medical history impacting the child's development, learning and education)

Medical implications of the health condition:

(considering impact on stamina, pain level, fatigue, strength, vitality, or alertness)

Impact of any prescribed medications and/or precautions or prohibitions for this child because of the medical condition:

Any other information you would like to share with the multidisciplinary team:

Physician's Name (please print):

Date:

Physician's Signature:

Thank you for your help in coordinating the delivery of educational services to this child and his/her family. Please feel free to contact me with any questions.

Please return to:

by the following date:

School:

Phone:

Address:

Fax: