

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 verification criteria specified in Nebraska Department of Education Rule 51, it is **mandatory** that the multidisciplinary evaluation team (MDT) demonstrate that it has considered a physician's written and signed report to verify a child, for special education services, on the basis of health or medical needs.

In order to determine the student's need for services, we have enclosed a signed medical release and would appreciate completion of this form. We will attach the completed form to our MDT Report.

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: _____
