

## 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: \_\_\_\_\_

\_\_\_\_\_