



# Jessieville Public School District

Special Education Department – PO Box 4, Jessieville, AR 71949

Phone 501.984.4228 – Fax 501.984.4200

## PARENT REPORT OF MEDICAL DISABILITY or DIAGNOSIS

Student's Name: \_\_\_\_\_

We strive to meet the needs of all students, regardless of their abilities. If your child has a medical diagnosis of a disability, we may be able to accommodate his or her needs through a 504 Plan or an Individualized Education Program (IEP). These plans are available for students who have physical or mental impairments that affect or limit any of their abilities to:

- walk, breathe, eat, or sleep
- communicate, see, hear, or speak
- read, concentrate, think, or learn
- stand, bend, lift, or work.

If you indicate that your child has a medical disability or diagnosis, you will be contacted within three business days.

	My child does not have a medical disability or diagnosis.
	My child has a medical disability or diagnosis of: ____ ADD/ADHD      ____ Visual Impairment      ____ Mental Health Needs ____ Diabetes      ____ Hearing Impairment      ____ Dyslexia ____ Autism Spectrum      ____ Arthritis      ____ Asthma ____ Allergic to: _____ ____ Other(s): _____

The best way to contact me during the day is \_\_\_\_\_.  
(phone or email address)

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS A DOUBLE-SIDED FORM. PLEASE COMPLETE BOTH SIDES.**

For office use only:			
Date: _____	Reviewed by: _____		
Date: _____	Parent contacted by: _____		
Date: _____	Parent Rights given by: _____	In person	Mailed      Refused
Date: _____	Forwarded to: SpEd Director      504 Coordinator		None Needed