

To the physician or health practitioner:

This medical statement will be used to assist in determining eligibility for educational support due to a temporary medical condition, Section 504 disability, or other disability-related impacts to the student.

The medical statement you provide will be used with other evidence for the school 504 team to determine eligibility. If a student is determined to have a medical or physical impairment, the school 504 team will then determine whether the impairment substantially limits a major life activity under Section 504.

A substantial limitation means the student is restricted as to the condition, manner or duration in performing the major life activity as compared to an average student. Your expertise as a medical provider is critical in understanding the impact of a disability on your patient.

Medical Statement or Health Assessment Statement

Please return to:		Date of assessment	
		Child's name	
		Birthdate	

To the physician or health practitioner: This medical statement will be used to assist in determining eligibility for educational support due to a temporary medical, Section 504 disability accommodations or other disability-related supports for the student. Please attach documentation as needed. Consent for release of information is enclosed.

1. Does the student have a physical or mental impairment? Yes No						
2. Describe the student's current prognosis and the nature and extent of possible change in the student's condition:						
3. What methods were used in reaching this diagnosis? <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Administration of rating scales</td> <td style="width: 50%;">Examination of the child in-person</td> </tr> <tr> <td>Input from family</td> <td>Input from teacher</td> </tr> <tr> <td>Other (please describe):</td> <td>DSM V Diagnostic Criteria met</td> </tr> </table>	Administration of rating scales	Examination of the child in-person	Input from family	Input from teacher	Other (please describe):	DSM V Diagnostic Criteria met
Administration of rating scales	Examination of the child in-person					
Input from family	Input from teacher					
Other (please describe):	DSM V Diagnostic Criteria met					
4. What are the anticipated effects of the student's impairment on the student's ability to access, participate in, or benefit from school/educational experience?						
5. For students diagnosed with an anxiety disorder, what are factors that exacerbate the student's condition?						
6. Does the student have any restrictions on physical activity due to the medical condition? What is the estimated length of time these restrictions will be needed?						
7. Does the student have any other special health/medical issues of which the School District should be aware which could affect the student in the school setting?						
Additional comments to assist in educational planning for the student:						

Print name/Title:	Phone:
	Address:
Signature:	Email