

DOCUMENTATION OF MEDICAL DIAGNOSIS

Other Health Impairment Orthopedic Impairment Traumatic Brain Injury

To be completed by school personnel before sending to physician with signed Release of Information:

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Physician's Name: _____
Name of Physician's Practice: _____ Phone: () ____ / ____ Fax: () ____ / ____

This student is having difficulties in school and

1. **is in the process of evaluation for Special Education OR**
2. **is being reevaluated through Special Education**

due to a possible medical condition that might significantly impact school performance. The information below is a necessary part of the evaluation to help the IEP-team determine whether or not the student requires in-class interventions, Special Education, and/or other services to make adequate progress.

Check below if you have diagnosed the student with any of the following:

- ADHD-Primarily Inattentive ADHD-Primarily Impulsive/Hyperactive ADHD-Combined
- Traumatic brain injury Specify: _____
- Other medical, orthopedic, or psychiatric diagnosis(es) Specify _____
- _____

For orthopedic impairment: The impairment will primarily impact (**please circle**): mobility daily living
Specify: _____

For traumatic brain injury: The injury causes the following impairment(s) (**please circle**): physical cognitive psychosocial
Specify: _____

Treatment you have recommended/prescribed (including medication(s) and dosage, assistive technology, therapy, counseling, etc.): _____

What is prognosis of the condition for this student? _____

Additional information that might aid decisions regarding school programming, services, modifications and/or placement: _____

Please provide psychological or medical reports that support the diagnosis(es), if available.

Thank you for taking the time to provide this information. Please sign and date below.

Physician's signature

Date