

From: (school contact) _____ Date: _____

School address: _____

Student: _____ Birthdate: _____

To: Physician

The school district is evaluating this child for special education services. Thank you for identifying health conditions that may affect the child's educational performance. If this child has a diagnosis of Attention-Deficit / Hyperactivity Disorder, please complete the attached three-page Health Condition Documentation for Attention-Deficit / Hyperactivity Disorder.

Medical diagnoses (please list all that apply):

Activity limitations or restrictions (e.g., physical education, field trips, recess):

Implications for school attendance (e.g., projected absences, homebound):

Medications or specialized health care procedures that are necessary during the school day:

Medications that may adversely affect school performance:

Comments:

Physician's signature: _____

Physician's name (printed): _____ Date: _____

*Requires Authorization for Release of Information