EDUCATIONALLY RELEVANT MEDICAL STATEMENT

_____ is currently ___evaluating ___re-evaluating _____for
(Name of school)

_____ Emotional/Behavioral Disabilities; _____ Other Health Impaired;
_____Physically Impaired; or _____Traumatic Brain Injury.

As part of this evaluation we require an educationally relevant medical statement from the student's physician. Please answer all the questions below so we may complete this evaluation and make decisions on the specially designed instruction necessary for this student to benefit from the educational process.

Diagnosis and Nature of Impairment (distinctive qualities):

1. _____
2. _____

Describe the adverse effect the impairment has on the student's educational performance in the following areas: (Explain or write Does Not Influence)

Strength (stamina or endurance to complete educational tasks) _____
_____

Alertness (ability to stay on task or focus) _____
_____

Vitality (the effect of activity level on educational performance) _____
_____

Please make the most appropriate recommendation(s) as to how you think this student can best function in an educational environment. This information will be used by the ARC to determine appropriate programming for this student.

____Adapted Materials/Equipment ____Limited participation ____Modified Day
____ Other _____ in physical activity

In your opinion, does this student meet the criteria to be eligible for services as an _____ student in accordance with Kentucky Administrative Regulations?

_____ Yes _____ No

_____
Printed name of physician

_____ _____
Physician's signature Date

_____ _____
Parent permission to release information Date

This must be returned to the school before the evaluation is complete. Thank you for your time.