

DATA FOR DETERMINATION OF ELIGIBILITY - PHYSICIAN'S REPORT
Other Health Impairment/Orthopedic Impairment/Traumatic Brain Injury

STUDENT: _____ DOB: _____ AGE: _____ GRADE: _____

PARENT/GUARDIAN: _____

SCHOOL/ADDRESS: _____

SCHOOL CONTACT: _____ POSITION: _____ PHONE: _____

PHYSICIAN'S NAME (Print or Type): _____ PHONE: _____

PHYSICIAN'S ADDRESS: _____

Last Examination Date: _____

Initial applicable category of disability.

OTHER HEALTH IMPAIRMENT

Based on my examination, this student appears to have limited strength, vitality, or alertness due to chronic or acute health problems, such as heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or pregnancy complications, which adversely effect his/her educational performance.

Limited alertness is due to attention deficit disorder (ADD or ADHD).

ORTHOPEDIC IMPAIRMENT

Based on my examination, this student has a severe orthopedic impairment which adversely affects educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

TRAUMATIC BRAIN INJURY

Based on my examination, this student has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment which adversely affects educational performance. The injury is not congenital or degenerative and was not induced by birth trauma.

If a disability category is initialed above, please complete the following:

Specific type of impairment (i.e., diagnosis), explain: _____

_____ Date of Onset: _____

Severity of impairment (mild, moderate, severe): _____

Prognosis, explain: _____

Is student infectious at this time? YES NO; If yes, state risk factor to teacher

STUDENT: _____

FUNCTIONAL IMPLICATIONS OF THE IMPAIRMENT FOR THE EDUCATIONAL PROCESS

Initial findings as appropriate.

- _____ Difficulty with mobility and seating within a regular classroom or school bus.
- _____ Difficulty negotiating steps/stairs and/or distances required.
- _____ Difficulty with self-help skills (i.e., feeding/dressing/toileting).
- _____ Difficulty performing activities in a classroom (i.e., cutting, writing, etc.) which may require special adaptations, including: _____
- _____ Difficulty maintaining alertness/concentration in the classroom.
- _____ Difficulty making appropriate decisions.
- _____ Difficulty maintaining appropriate behavior due to impulsivity.
- _____ Difficulty with short term or long term memory.
- _____ Participation in physical education activities only with the following modifications: _____

- _____ Prescribed medication(s); give dosage(s), frequency(ies): _____

- _____ Impact of each medication on classroom functioning. Explain: _____

- _____ Existing medical implications which interfere or prevent the student from being educated at a school campus (**required if requesting homebound services**). Explain: _____

- _____ Participation at school campus with the following modifications: _____

- _____ Precautions regarding student's mobility or activity; needs for rest periods and special equipment; need for medical updates or appointments, other _____

RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING

Initial recommendation or approval as appropriate.

- _____ HOSPITAL: Child will be confined four (4) consecutive weeks or longer until approximately _____ (date required)
- _____ HOMEBOUND: Child will be confined four (4) consecutive weeks or longer until approximately _____ (date required)
- _____ SCHOOL: Child is physically able to attend regular/special class at school campus.
- _____ PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY: Child is referred to the appropriate related service provider with Klein ISD for evaluation and/or treatment.

DATE: _____

PHYSICIAN'S SIGNATURE (Please do not stamp)