

**Educational Service Unit 10
Physician Notification of Referral**

Date: _____
To: _____
From: _____
Subject: _____

The _____ School District is in the process of conducting a Multidisciplinary (MDT) Evaluation of a patient of yours, _____ child of _____.

As part of the special education verification criteria specified in Nebraska Department of Education Rule 51, it is necessary that the multidisciplinary team demonstrate that it has considered a physician's written report to verify a child, for special education services, on the basis of health or medical needs.

In order to determine the child's need for services, we have enclosed a signed medical release and would appreciate completion of the enclosed **Medical Status** form.

We will attach the completed form to our MDT. A self-addressed stamped envelope is enclosed for your convenience.

Thank you for your input and assistance. Please feel free to contact me with any questions at (308) _____.