

Physician's Report of Medical Status to Multidisciplinary Team

_____ has been referred for Special Education Services. In order for the multidisciplinary team to analyze the degree to which the child's level of development or educational performance is adversely affected by his/her medical condition, please complete the following:

Medical Diagnosis or Description of Medical Condition:
(including any current or past medical history impacting the child's development)

Impact of the Medical Condition on the child's current or future overall development:

Precautions or prohibitions for this child because of the medical condition:

Any other information you would like to share with the multidisciplinary team:

Physician's Signature:

Date:

Thank you for your help in coordinating the delivery of medical, communication, and educational services to this child and his/her family.

Please return to: _____