

ANCHORAGE SCHOOL DISTRICT
Health Services Department/ Special Education Department

Physician Statement of Orthopedic Impairment

Dear Physician:

Date: _____

_____, BD _____, is being evaluated by the Anchorage School district to determine student eligibility for Special Education Services as possibly Orthopedically Impaired. To be eligible as OI, the student must exhibit a severe orthopedic impairment, including impairments caused by congenital anomaly, disease or other causes, which adversely affects educational performance, and requires special facilities, equipment, or methods for making the school program effective. Please indicate if this student has a medical condition which the school team and parent should consider in the evaluation, using the form below. Thank you.

I authorize the exchange of medical information
between my child's physician and the school nurse.

School Nurse

Parent Signature

School phone number

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PHYSICIAN STATEMENT

Statement of specific MEDICAL diagnosis _____

Describe the degree to which this condition affects the student.

Is the student taking any medication for this condition? No ___ Yes ___ If yes, please specify.

Is a special nursing or therapy procedure required during school hours? No ___ Yes ___ If yes, please explain.

Physician Name (please print) _____

Physician signature _____ Date _____

Phone _____ Fax _____

Address _____

Please return to: School Nurse _____

School name _____ Fax _____

Address _____