

ANCHORAGE SCHOOL DISTRICT  
Health Services Department/Special Education Department

Physician Statement of Traumatic Brain Injury

Date: \_\_\_\_\_

Dear Physician:

\_\_\_\_\_ BD \_\_\_\_\_ is being evaluated by the Anchorage School District to determine eligibility for Special Education services as a student with a possible Traumatic Brain Injury. To be eligible for special education and related services for traumatic brain injury, a student must exhibit an injury to the brain caused by an external physical force, resulting in total or partial functional disability or psycho social maladjustment or both that adversely affects educational performance. The term includes open or closed head injury resulting in mild, moderate or severe impairments in one or more areas. The term does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma. Please indicate if this student has a medical diagnosis which the Multidisciplinary Team 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

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Parent Signature

.....  
**PHYSICIAN STATEMENT**

Statement of specific **MEDICAL** diagnosis: \_\_\_\_\_

Is the condition likely to result in limited strength, vitality, or alertness which will adversely affect educational performance? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please describe effects of the condition:  
\_\_\_\_\_  
\_\_\_\_\_

Is this student taking any medications for this condition? No \_\_\_\_ Yes \_\_\_\_\_. If yes, please specify  
\_\_\_\_\_

Is a special nursing 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 \_\_\_\_\_