**Documentation of a Medical Examination**

| Child’s name: | | Child’s date of birth: |
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| Return to: | Date needed: | Fax #: |

[Student Name] is being evaluated for special education and the evaluation will include assessment tools and strategies in an effort to gather relevant functional, developmental, and academic information to assist in determining whether the child is a child with a disability and the educational needs of the child. The evaluation team is seeking information from a variety of sources and requests that you provide documentation of relevant information for the team to consider while determining if the child is eligible for special education. Documentation can be submitted in the space below or in alternate formats such as evaluation reports, progress notes, summaries of visits, or letters.

| **For a child with problems related to their vision,** provide a description of the child’s vision problem to include but not limited to residual acuity with correction, restricted field of vision, pathology or progressive eye disease that is expected to reduce residual acuity or visual field. If assessment results are inconclusive and the child demonstrates inadequate use of residual vision, please also note that below.  **For a child with a hearing loss,** provide a description of the hearing loss to include but not limited to information about the type of hearing loss (i.e., sensorineural, conductive), if the conductive hearing loss is treatable, and if the use of amplification is or is not appropriate.  **For a child with a voice disorder,** provide information about the voice disorder.  **For a child that has relevant medical issues that contribute to a speech or language problem?** provide a description of the medical issue(s) contributing to speech or language problems.  **For a child that has an impairment that is expected to last more than 60 calendar days,** provide the diagnosis (e.g., autism spectrum disorder, health impairment, orthopedic impairment, motor impairment, traumatic brain injury caused by an external force) or a description of the impairment that is expected to last more than 60 calendar days.  **For a child that has been diagnosed with other physical, medical, sensory or mental health consideration(s) that may affect the child’s educational performance,** indicate the diagnosis and a description of the diagnosis.  **Provide any relevant medical information that the team should consider as part of the child’s evaluation for special education?** |
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| **(provide information here)** |

| Medical/Health Professional’s Signature: | Date |
| --- | --- |
| Medical/Health Professional’s Printed Name & Title: | |