SPECIAL EDUCATION SERVICES

Student Name: _____ Date of Birth: _____

MEDICAL CERTIFICATION FOR OTHER HEALTH IMPAIRED, ORTHOPEDIC IMPAIRED, OR TRAUMATIC BRAIN INJURED

The Multidisciplinary Evaluation Team (MET) is considering this student for special programs eligibility under the category checked below. As part of the eligibility determination process, verification/certification of the student's medical condition(s) by a Doctor of Medicine or Doctor of Osteopathy is required. Please complete this certification by responding to each of the questions below and signing where indicated on the back of this form. Thank you for your assistance in this process.

☐ **ORTHOPEDIC IMPAIRMENT**
☐ **OTHER HEALTH IMPAIRMENT**
☐ **TRAUMATIC BRAIN INJURED**

Please complete and return this form to:

1. Medical Diagnosis: (1)_____
(2)_____
(3)_____
(4)_____

2. Determination of Scope:

a. Range of motion:	☐ Normal Limits	☐ Limited	☐ Severely Limited
b. Strength:	☐ Normal Limits	☐ Limited	☐ Severely Limited
c. Alertness:	☐ Normal Limits	☐ Limited	☐ Severely Limited
d. Endurance/Vitality:	☐ Normal Limits	☐ Limited	☐ Severely Limited

e. Mobility:
☐ Ambulatory
☐ Ambulates with assistance ☐ with walker ☐ crutches ☐ cane ☐ supervision
☐ Wheelchair dependent ☐ motorized ☐ requires assistance

f. Feeding
☐ Self feeds/no limitations ☐ Food texture/consistency requirements ☐ G-Tube
☐ **NOTHING BY MOUTH:** Special Instructions _____

_____

3. Any limitations to participation in the general instructional setting, including physical education?
☐ Yes ☐ No. If yes, please describe _____

_____

4. Current medications:_____

5. Any educational implications of the medical condition that you are aware of?
☐ Yes ☐ No. If yes, please describe _____

_____

_____

6. Additional medical instructions or comments (including special transportation requirements, care or restrictions required, etc.): _____

_____

Other Health Impairment: This is defined as having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and a sickle cell anemia; and adversely affects a child's educational performance.

Orthopedic Impairment: This is defined as a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations and fractures or burns that cause that cause contractures).

Traumatic Brain Injury: This is defined as an acquired injury to the brain that is caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic Brain Injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic Brain Injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

I verify that I am a Doctor of Medicine or Doctor of Osteopathy, that the above named individual has been medically diagnosed with the condition(s) described herein, and that he/she meets the above described diagnostic criteria for:

☐ **ORTHOPEDIC IMPAIRMENT**
☐ **OTHER HEALTH IMPAIRMENT**
☐ **TRAUMATIC BRAIN INJURED**

Physician's signature: _____ Date: _____

Print: Physician Name _____

Address: _____ FAX: _____