



McLean County Public Schools MEDICAL STATEMENT

410 KY 136 E
P.O. Box 245
Calhoun, KY 42327

Terence Hayes
Superintendent
Phone: (270) 273-5257
Fax: (270) 273-5259

Date: _____

Student Name: _____ DOB: _____ School: _____

This student is being considered for special education services based upon health needs. We are trying to determine whether this student meets Kentucky state guidelines for qualification as Other Health Impaired or Orthopedically Impaired. In order to meet state criteria for eligibility, we are required to obtain information from a qualified professional. Your response to the following questions will enable us to satisfy this requirement. Please complete the following information and return to me at the address below.

Parental Consent for Disclosure of Information

I authorize the release of the results/recommendations from this examination or confidential medical records to McLean County Public Schools for use in determining educational needs. I authorize the release of educational relevant information that may be useful in evaluating my child.

Parent's/Guardian's Signature

Date

1. Does the student have a severe health impairment caused by a chronic or acute health problem, such as, but not limited to, a heart condition, tuberculosis, hemophilia, diabetes, attention deficit disorder, leukemia, or acquired immune deficiency?
Yes No

2. If yes, what is the health impairment? _____

3. Does the student have a severe orthopedic/physical impairment caused by _____ Congenital anomaly, _____ injury, _____ disease, or _____ other? Yes No

4. What medication/treatment(s) are currently being prescribed? _____

5. Does the impairment and/or medication impact the student's educational performance due to impaired strength, vitality, and/or alertness?

Yes No (If yes, check all that apply:)

- Struggles to attend or concentrate
- Excitable and/or impulsive
- Easily frustrated
- Becomes angered easily
- Difficulty waiting turn
- Difficulty following rules
- Chronic absences

- Difficulty listening to or following directions
- Interrupts or answers without being called on
- Does careless and/or messy work
- Disorganized/poor planning skills
- Easily distracted
- Tires easily
- Other: _____

6. Please provide any other information which may be helpful: _____

Professional's signature _____ Date _____

Name: _____ Position: _____

Address: _____ Fax number: _____