VALLEY SCHOOL DISTRICT **SPECIAL EDUCATION**
555 West Valley Rd, Yakima, WA 98902 Phone: (509) 456-8596 Fax: (509) 658-9856

Request for Medical Information for Evaluation

Student name **Jason Patterson** Student # **49** DOB **2/6/2002** Date **3/3/2010**
Serving school **Alder Elementary** IEPMgr. **Kathy Bravo** Grade **1** Age **8 y 0 m**

Physician name ________ Physician Phone ________ Physician Fax ________
Address ________ City ________ St ____ Zip ________

The above student is enrolled in the Valley School District and is being evaluated to determine if there is a handicapping condition present that has an adverse impact on his/her educational performance. The team is considering the possibility that the student has a health impairment.
According to the Washington Administrative Code, "Other health impairment means 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:

(i) 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, sickle cell anemia, and Tourette syndrome; and
(ii) Adversely affects a student's educational performance."

In order to confirm the presence of such a disability, a medical statement is required by a qualified medical practitioner that describes and confirms the student's health circumstances and which provides any medical implications for educational planning.

Attached is an Consent for Mutual Exchange of Information that has been signed by the student's legal guardian. To allow us to design a program that will meet the student's needs, please complete this form and return it as soon as possible prior to sending us your formal report.
Thank you for your assistance!

Please check one and complete:

- ☐ I cannot confirm a health impairment as described in the Washington Administrative Code.
- ☐ The student has the health impairment of:

which adversely affects his/her educational performance in the following ways:

Educational planning should include:

________________ ________________
(Signature) (Date)

This authorization for medical information expires 90 days from the date signed.

________________ ________________
(Print or type name) (Medical care facility)

Please sign and return this information to: ☐ FAX ☐ Mail

Name **Test Staff2** Phone **425-555-1234**
Position **Resource Model Teacher** FAX **(509) 345-3645**

Distribution: One copy to ☐*Special Services* ☐*Cumulative File*