ATTACHMENT 2.10

Sample - Health and Education Plan - Physician Report

Student_____ Grade_____ DOB_____

School_____ School Year_____

REFERRING STAFF:

#1_____ Phone _____ Fax _____

#2_____ Phone_____ Fax_____
Print Staff Name *Signature*

#3 _____ Phone_____ Fax_____
Print Staff Name *Signature*

PARENT: I CONSENT to communication and exchange of information between referring staff and doctors:

Dr. _____ Phone _____ Fax _____

Dr. _____ Phone _____ Fax _____

_____

Parent/Guardian Signature ***Home Phone*** ***Cell Phone*** ***Date***

HEALTH CARE PROVIDER ..... THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER .....

Schools can provide the following and thus accommodate the needs of many pupils at school. Any other recommendations need to be specified. The School Team will determine if a 504 OR IEP is necessary. Please check appropriate boxes below.

Instruction in the home is one of the most restrictive educational placements, must be viewed as a last resort, and used for the shortest time necessary. Careful completion of the following will assist in determining appropriate placement for the student*

DIAGNOSIS (include additional pages if necessary): _____

_____

Student Should:

☐ **Attend School**

☐ **Not Attend School** **Length of time: Weeks(#) _____ Months(#) _____ è□EXPECTED DATE OF RETURN: _____/_____/_____**

If student is able to attend school, do they need:

☐Modified/Reduced Schedule **Until**: _____/_____/_____
(DATE REQUIRED)

☐Modified PE **Until**: _____/_____/_____ ☐ No PE **Until:** _____/_____/_____
(DATE REQUIRED) *(DATE REQUIRED)*

Other Recommendations: _____

_____

Current Medications:_____

If medications need to be given during the school day, complete the Medication Required During School Day/Field Trips Form at _____(school website)

_____

PRIMARY CARE PROVIDER SIGNATURE **PHONE** **FAX** **DATE**

_____

BEHAVIORAL HEALTH PROVIDER SIGNATURE **PHONE** **FAX** **DATE**

PLEASE RETURN TO THE REFERRING STAFF MEMBER, INDICATED AT THE TOP OF THIS PAGE

CLINIC STAMP – OR PRINT DOCTOR'S NAME HERE