

Special Services

Physician's Evaluation of Health Impairments - Section 504 Eligibility

3330 Monte Villa Parkwa{
Bothell, WA 98021
425-408-6000

Patient Name

Birth Date

Today's Date

<i>Purpose of this form:</i>	Following State and Federal regulation, an assessment team is determining this child's eligibility for Section 504 eligibility. Health Impairments that have educational implications must be documented by a qualified health practitioner.		
<i>Diagnosis:</i>			
<i>Please check any possible effects of this child's health condition and/or medication(s) on his/her behavior and learning abilities.</i>	Excessive inattention, distractibility Impaired memory Reduced cognitive abilities Impaired Vision Impaired hearing Emotional liability Hyperactivity Other (Please specify below in the "Additional Comments" section)	Impulsivity Impaired communication skills Impaired fine-motor skills Impaired gross-motor skills Poor muscle coordination Reduced physical stamina Decreased mobility	
<i>Medication(s) I am prescribing. (Please also include information about dosage.)</i>			
<i>Additional comments:</i>			
<i>Please print clearly or type</i>	Physician's Name		Mailing Address:
	Office/Clinic Name		
	Phone	FAX	

Physician's Signature

Date of Signature

<i>When completed, signed and dated, please return this form to:</i>	Name			Address		
	City	State	ZIP	Phone	FAX	

Enclosed: Release of Records/Exchange of Information authorization, signed by parent/guardian