

Wakulla County Schools
**MEDICAL REFERRAL FOR THE ORTHOPEDICALLY IMPAIRED,
OTHER HEALTH IMPAIRED OR TRAUMATIC BRAIN INJURY PROGRAMS**

Name of Patient: _____ Date of Birth: _____ Age _____ Grade _____

Parent's Name: _____ Student's Latest Examination Date _____

Florida Physician's Name (*print or type*): _____ Phone: _____

Check applicable disability:

- OTHER HEALTH IMPAIRMENT – Based on my examination, this student appears to have limited strength, vitality, or alertness due to chronic or acute health problems, (such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or pregnancy complications), which adversely affect his/her educational performance.
- ORTHOPEDIC IMPAIRMENT – Based on my examination, this student has a severe orthopedic impairment which adversely affects educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contracture).
- TRAMATIC BRAIN INJURY – Based on my examination, this student has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment which adversely affects educational performance. The injury is not congenital or degenerative and was not induced by birth trauma.

If a disability is checked above, please complete the following (*information must be legible*):

Specific type of impairment (*i.e. diagnosis*), explain: _____

Severity of impairment (*mild, moderate, severe*): _____

Prognosis, explain: _____

FUNCTIONAL IMPLICATIONS OF THE IMPAIRMENT FOR THE EDUCATION PROCESS

Check as appropriate:

- Difficulty with mobility and seating within a regular classroom or school bus
- Difficulty with self-help skills (*e.g. feeding/dressing/toileting*)
- Difficulty performing activities in a classroom (*e.g. cutting, writing, etc.*) which may require special adaptations to the program including: _____
- Difficulty maintaining alertness/concentration in the classroom
- Difficulty making appropriate decisions
- Difficulty maintaining appropriate behavior due to impulsivity
- Difficulty with short term or long term memory
- Participation in physical education activities only with the following modifications: _____
- Prescribed medication(s); including dosage(s) and frequency(ies): _____
_____. *Impact on classroom functioning of each medication:
Explain: _____
- Existing medical implication interferes or prevents the student from being educated on a school campus (**required if requesting homebound services**). Explain: _____
- Participation on school campus with the following modifications: _____
- Other: _____

FLORIDA PHYSICIAN'S SIGNATURE

DATE