

Medical or Psychological Hardship Information Form, SY2023-24

Name of Student: _____

Current CCSD Student Reassignment Guidelines outline that unless there is an extraordinary hardship such as a documented medical, emotional or psychological reason, the Superintendent (or designee) shall not grant a reassignment into an overcrowded school. For purposes of having a Student Reassignment Application considered on the basis of a medical, emotional or psychological reason, the student/parent requesting the reassignment must have the information below completed by a licensed physician:

1. What is this patient's current medical, emotional or psychological diagnosis?

2. Are you currently treating this patient for this condition? YES or NO

3. Please describe this patient's current treatment plan?

4. In your professional opinion, how will this student's reassignment accomplish current treatment goals?

5. In your professional opinion, do you think a reassignment from his/her resident school will have a significant, positive impact on this student's treatment goals/plan? YES or NO

_____ <i>Physician's Signature</i>	_____ <i>Name & Stamp of Practice</i>
_____ <i>Physician's Name (Printed)</i>	_____ <i>Date</i>