

PHYSICIAN INPUT FORM

STUDENT'S NAME: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICAL DIAGNOSIS THAT MAY LIMIT SCHOOL ATTENDANCE OR PARTICIPATION IN INSTRUCTION:

\_\_\_\_\_

IS THE STUDENT ABLE TO PARTICIPATE IN INSTRUCTION IN THE SCHOOL ENVIRONMENT?

- YES
- YES, WITH LIMITATIONS. PLEASE EXPLAIN:  
\_\_\_\_\_
- NOT ABLE TO ATTEND SCHOOL. IF CHECKED PLEASE COMPLETE PDE FORM 203 (ENCLOSED)

IS THE STUDENT ABLE TO PARTICIPATE IN INSTRUCTION OUTSIDE OF THE SCHOOL ENVIRONMENT? (UP TO 5 HOURS A WEEK)?

- YES
- YES, WITH LIMITATIONS. PLEASE EXPLAIN: \_\_\_\_\_
- NO

ACCOMMODATIONS THAT MAY BE NEEDED:

- SHORTENED SCHOOL DAY
- TEST ACCOMMODATIONS, SUCH AS: \_\_\_\_\_
- ASSIGNMENTS MODIFIED, SUCH AS: \_\_\_\_\_
- OTHER. PLEASE SPECIFY: \_\_\_\_\_

DATE: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

NOTE:  
PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS REQUIRED  
THIS INFORMATION MUST BE UPDATED AFTER 90 DAYS