

## Medical or Psychological Hardship Information Form, SY2024-25

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