



OFFICE OF STUDENT SUPPORT

Mission: Mat-Su Borough School District Prepares Students for Success

Date: _____

Student's Name: _____ Date of Birth: _____

Dear Physician:

This student is being evaluated by the Matanuska-Susitna Borough School District to determine eligibility for special education services. Please indicate, using the form below, if this student has a health impairment or orthopedic impairment which the Individualized Education Plan (IEP) Team should consider in it evaluation. We appreciate your help in determining appropriate educational services for this student.

Statement of specific health impairment or orthopedic impairment:

Medical diagnosis, if applicable:

Are there any specific contraindications to any physical activities at school? Yes No

Is this a chronic condition? Yes No

Physician's name (please print) _____

Physician's signature _____ Date _____

Address _____

Please return the form to:
MSBSD OFFICE OF STUDENT SUPPORT
ATTENTION: _____