Vision and Hearing
PHYSICIAN INPUT TO IEP

We are required by Federal Law to consider your input in determining eligibility for Special Education services and developing an appropriate educational program for this student. Please return this form to the Encinitas Union School District as soon as possible.

Patient _____ DOB _____

Physician _____ Phone _____

Please list any current medical diagnoses:

Most recent physical examination
Conducted by _____ on _____
Results:

Most recent **vision** assessment
Conducted by _____ on _____
Results:

Most recent **hearing** assessment
Conducted by _____ on _____
Results:

Please indicate any feeding or nutrition concerns:

Please indicate any limitations or restrictions to this child participating in an educational environment:

Other medical specialists or agencies that are currently involved in your patient's care:

Other concerns for our consideration:

_____

Physician's Signature Date