



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
PHYSICAL EXAMINATION**

MIS Form #818
Rev. 08/20

___ **Initial Evaluation for Services**

Reevaluation

To: Physician, Clinic, or Hospital Personnel:

In order to determine the need for Exceptional Student Education (ESE) services under the area(s) of Orthopedically Impaired, Other Health Impaired, or Traumatic Brain Injury, a medical diagnosis and the educational implications are required for our records. (Please read the guidelines on the back of this form prior to completion.) The evaluation process must be concluded within 60 days. Please return the form as soon as possible.

This is to certify that _____ has received a complete physical examination on _____
(student name)

_____ and should be considered for ESE services.

_____ (date of examination)

Indicate appropriate area and specific diagnosis:

___ Orthopedically Impaired _____

___ Other Health Impaired _____

___ Traumatic Brain Injury _____

List all medications and dosages: _____

Describe the potential implications of the diagnosis on the student's educational progress or performance (**REQUIRED**):

Physician's Signature (MD/DO **ONLY**)

Physician's Address

Type or clearly print physician's name

City/State/Zip Code

Date

Phone Number

PLEASE RETURN THIS FORM TO:

Contact Person

School Address

School

City/State/Zip Code

Phone Number

Fax Number

DISTRICT SCHOOL BOARD OF PASCO COUNTY

Exceptional Student Education Services

Physical Examination

MIS Form #818

Rev. 08/20

BACK

Dear Physician, Clinic, or Hospital:

We are attempting to determine whether the student listed on the attached form should receive Exceptional Student Education (ESE) services. Please refer to the following guidelines when completing this form.

ESE services are available to support students who are Orthopedically Impaired, Other Health Impaired, or have Traumatic Brain Injury.

- A. Orthopedically Impaired means a severe skeletal, muscular, or neuromuscular impairment that adversely affects a child's educational performance. The term includes impairments resulting from congenital anomaly, disease and other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures). A student may be considered eligible for ESE supports if the student has an orthopedic impairment that significantly limits the student's ambulation, hand movement, coordination, or daily living skills. These limitations may affect the student's ability to manipulate materials required for learning or to maintain body posture necessary in the school environment.
- B. Other Health Impaired means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems. This includes, but is not limited to asthma, attention deficit disorder or attention hyperactivity disorder, Tourette Syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury. A student may be considered eligible for ESE supports if the student has a health impairment that results in reduced efficiency in schoolwork and which adversely affects the student's performance in the education environment.
- C. Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psycho-social impairment, or both, that adversely affects educational performance. The term applies to mild, moderate, or severe open or closed head injuries resulting in impairments in one or more areas: cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psycho social behavior, physical functions, information processing, or speech. The term includes anoxia due to trauma. The term does not include brain injuries that are congenital, degenerative, or induced by birth trauma.

If you have any questions when completing this form, please contact the person indicated. Thank you for your assistance.