

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION – DIVISION OF SPECIAL EDUCATION**

Individual Educational Plan Medical Assessment
G.L. C.71B, Chapter 766 Regulations, Paragraph 319.3 (a)

TO: _____
(City, Town, or Regional School District)

FROM: Child Physician or School Physician

DIRECTIONS: This form should be completed and signed by a physician. It may be used as a comprehensive report of relevant findings or as the cover sheet for an attached narrative medical report. It should be returned to:

_____ by _____
(Special Education Administrator) (Date)

Student's Name: _____ Tel. #: _____

Address: _____
(Street City/Town State Zip Code)

Physician's Name: _____ Tel. #: _____

Address: _____
(Street City/Town State Zip Code)

DATE OF EXAMINATION: _____

Check One: ___ Primary Care: ___ Consultant: ___ School Physician: ___ Other: ___
If a consultant, please specify specialty: _____

1. Are there aspects of this student's health-related history that have a bearing on his/her educational needs? Yes ___ No ___ Possibly ___
Please describe See Below ___ See Narrative ___

2. Are there findings on this student's standard physical examination that might affect educational planning? Yes ___ No ___ Possibly ___
Please describe See Below ___ See Narrative ___

3. Are there specific neurological, sensory or other handicapping conditions noted? Please describe, and if possible, note how these may affect educational planning.
Please describe Yes ___ No ___ Possibly ___
See Below ___ See Narrative ___

4. Is the student receiving any medications and/or other therapies that might affect educational planning? Yes _____ No _____ Possibly _____
 Please describe _____ See Below _____ See Narrative _____

5. Are there any educationally relevant developmental findings resulting from your examination? Yes _____ No _____ Possibly _____
 Please describe _____ See Below _____ See Narrative _____

6. Do you have any general observations or knowledge of this student that might be helpful?
 Yes _____ No _____ Possibly _____
 Please describe _____ See Below _____ See Narrative _____

7. Do you have any recommendations or suggestions for this student's educational plan? Please include any limitations or constraints on participation in various school activities. Yes _____
 No _____ Possibly _____
 Please describe _____ See Below _____ See Narrative _____

8. Can this student participate in the regular physical education program?
 Yes _____ No _____ Possibly _____
 If not, what modifications would you recommend?
 See Below _____ See Narrative _____

9. Do you feel it would be important for you to attend the evaluation TEAM meeting? Can you suggest any times that are most convenient for you?
 Yes _____ No _____ Possibly _____
 Days _____ Times _____
 (It may not be possible to conduct the meeting at these times. If it is not possible for you to attend who will serve as your designee?)
 Name _____

10. Do you wish to have a copy of this student's educational plan for your records?
 Yes _____ No _____

 (Signature)

 (Date)