DALLAS SCHOOL DISTRICT

MEDICAL STATEMENT OR HEALTH ASSESSMENT STATEMENT

Child's Name: _____ **Child's Birthdate:** _____

Return to: _____ **Date needed:** _____ **Fax #** _____

This child has been referred to determine special education eligibility. Oregon law requires that a medical statement or health assessment be obtained for some disabilities. *This information is urgently needed* to determine appropriate services for the child and *to comply with federal timelines* for the special education evaluation. Please answer all questions in row(s) with checked boxes and sign below.

1. ☐	**Does child have a vision problem?** ☐Yes ☐No If yes, check each of the following that apply: ☐ Child's residual acuity is 20/70 or less in the better eye with correction. ☐ Child's visual field is restricted to 20 degrees or less in the better eye. ☐ Child has an eye pathology or progressive eye disease that is expected to reduce residual acuity or visual field to one of the criteria listed above. ☐ Assessment results are inconclusive and child demonstrates inadequate use of residual vision. **Additional information about the vision problem(s).**
2. ☐	**Does child have a hearing problem?** ☐Yes ☐No If yes, complete the following: ☐ Child has a sensory-neural hearing loss. ☐ Child has a conductive hearing loss that: ☐is ☐is not treatable. ☐ The use of amplification: ☐is ☐is not appropriate. **Additional information about the hearing problem(s).**
3. ☐	**Does child have a voice disorder?** ☐Yes ☐No If yes, additional information about the voice disorder is needed.
4. ☐	**Does child have relevant medical issues that contribute to speech/language problem?** ☐Yes ☐No If yes, a description of the medical issue(s) contributing to speech or language problem is needed.
5. ☐	**Does child have an impairment that is expected to last more than 60 calendar days? (Mark all that apply):** ▪ Autism Spectrum Disorder ☐Yes ☐No ▪ Health Impairment ☐Yes ☐No ▪ Orthopedic Impairment ☐Yes ☐No ▪ Motor Impairment ☐Yes ☐No ▪ Traumatic Brain Injury caused by an external force ☐Yes ☐No If yes, a diagnosis or a description of the impairment(s) identified above is required.
6. ☐	**Has child been diagnosed with <u>other</u> physical, medical, sensory or mental health condition(s) that may affect his/her educational performance?** ☐Yes ☐No If yes, the diagnosis and a description of the diagnosis are required.

Medical/Health Professional's Signature & Title: _____ **Date:** _____

Medical/Health Professional's Printed Name & Title: _____

Form 581-5149e-P (Rev. 3/14)

Reset Form