

Re:

Dear _____ :

As a part of the identification and evaluation of the above-named student, your name has been given to our school personnel as the physician who has seen or treated this child. In order to proceed with the special education decision-making process, the parent has requested that you provide our school with the medical assessment. A signed release of records is enclosed. The assessment should include the following:

- Background information
- Length of time that you have seen or treated the student
- Medical diagnosis
- Criteria and evaluation protocol used to establish the medical diagnosis.

To assist you with this request, a *Physician's Assessment Report* is enclosed. You may complete this form or include a copy of your report with the required areas marked and identified by the above categories. Please return the information by _____.

The Individualized Education Program (IEP) team at the school shall determine if this medical diagnosis constitutes an educational disability under The Individuals With Disabilities Education Act.

Sincerely,

Original: Send to physician with *Physician's Assessment Report* and signed *Request for Records and Release of Records* forms
Copy: Retain in student record