



*Today and tomorrow:  
committed to excellence for all.*

# Hutchinson Public Schools

**SPECIAL EDUCATION DEPARTMENT**  
Educational Service Center  
700 East 13<sup>th</sup> • P.O. Box 1908  
Hutchinson, KS 67504-1908  
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Web Page: [www.usd308.com](http://www.usd308.com)

## USD #308 HUTCHINSON PUBLIC SCHOOLS REQUEST FOR MEDICAL INFORMATION

To the Physician of \_\_\_\_\_

We are requesting information necessary in order to evaluate an appropriate educational placement for the student named above. Please respond to these questions and return to the address provided at the end of this form.

1. Patient Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

2. Current Treatment: \_\_\_\_\_  
\_\_\_\_\_

### **Do any of the following apply to this student?**

A. Does the student have an acute health problem that can be documented?  
\_\_\_\_ Yes    \_\_\_\_ No

What is the expected duration of the acute health problem?  
\_\_\_\_\_

B. Does the student have a chronic health problem that can be documented?  
\_\_\_\_ Yes    \_\_\_\_ No

### **Do any of the following apply to this student?**

A. Do you have documented medical evidence that this student has limited ability?  
This is defined as: limited ability to exert him/herself or has limited endurance to perform expected educational tasks.

\_\_\_\_ Yes    \_\_\_\_ No

B. Do you have documented medical evidence that this student has limited capacity? This is defined as: limited capacity to live and develop as a normal individual?

\_\_\_\_ Yes    \_\_\_\_ No

(over)

C. Do you have documented medical evidence that this student has limited alertness? This is deemed as: limited ability to quickly perceive or act and is unable to accurately complete educational tasks?    \_\_\_Yes    \_\_\_No

5. Does the student's medical/health condition or the treatment prescribed interfere with his/her learning?    \_\_\_Yes    \_\_\_No

If yes, in what manner: \_\_\_\_\_  
\_\_\_\_\_

Are there other medically relevant considerations or recommendations that you have for this child in the educational setting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Please return this form to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have addition questions you may contact:

Director of Special Education  
700 East 13<sup>th</sup>  
P.O. Box 1908  
Hutchinson, KS 67504-1908  
(620) 665-4680