

MEDICAL STATEMENT OR HEALTH ASSESSMENT STATEMENT

Please return to: _____

Child's Name _____
 Date _____
 Birthdate _____

To the physician or health practitioner: The above-named child has been referred for an evaluation to determine eligibility for special education services. Oregon law requires that a medical statement or health assessment be obtained for certain categories of disabilities. This medical statement will be used by the educational evaluation team to assist in determining eligibility for special education services.

The areas of concern to the program are checked below. Please assist us by answering each question by a check in the first box of the row. *For additional information, see the back of this form.*

Note: Please answer the question(s) in the area(s) checked below.			
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	1. The child has a vision problem. If yes, check each of the following that apply: <input type="checkbox"/> The child's visual acuity is 20/70 or less in the better eye with correction. <input type="checkbox"/> The child's visual field is restricted to twenty degrees or less in the better eye. <input type="checkbox"/> The child has either an eye pathology or progressive eye disease that is expected to reduce acuity or field to one of the above criteria. <input type="checkbox"/> The child cannot be tested but demonstrates inadequate functional vision. Comments:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	2. The child has a hearing problem. If so, complete the following: <input type="checkbox"/> The child has a sensory-neural hearing loss. <input type="checkbox"/> The child has a conductive hearing loss that <input type="checkbox"/> is <input type="checkbox"/> is not treatable. <input type="checkbox"/> The use of amplification <input type="checkbox"/> is <input type="checkbox"/> is not appropriate. Comments:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	3. The child has a voice disorder. Comments:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	4. There are physical factors that contribute to a speech or language problem. Comments:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	5. The child has a <input type="checkbox"/> health impairment <input type="checkbox"/> orthopedic impairment <input type="checkbox"/> motor impairment that is permanent or expected to last more than 60 days. If yes, please provide a diagnosis or description of the impairment:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	6. The child has an acquired injury to the brain, caused by an external physical force that is expected to last at least 60 days. If yes, please provide a diagnosis or description of the impairment:
<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	7. There are physical or sensory factors that may affect the child's educational performance. If yes, please describe:

Physician's Signature/Title: _____

Date: _____

Print Name: _____

MEDICAL STATEMENT OR HEALTH ASSESSMENT

The purpose of the Medical Statement or Health Assessment:

Some eligibility categories require consideration of specific health or medical information. The questions on this form are included because their answers constitute the information the law requires. This information must be obtained before determining the child's eligibility.

A signed, dated medical report that addresses the required information may substitute for this form.

Citations: OAR 581-015-2000(12) and (19), OAR 581-015-2130 through 2180.

Who may complete this form?

For a child with a **visual impairment** (Question #1), this form must be completed by an optometrist or ophthalmologist licensed by a State Board of Examiners.

For a child with a **voice disorder** (Question #3), this form must be completed by an otolaryngologist or other physician licensed by a State Board of Examiners.

For all other purposes, the form may be completed by (1) a physician licensed by a State Board of Medical Examiners, or (2) a nurse practitioner licensed by a State Board of Nursing, specially certified as a nurse practitioner, or (3) a physician assistant licensed by a State Board of Medical Examiners. Both a nurse practitioner and a physician assistant must be practicing within his or her area of specialty.

Which questions must be answered?

In order for an Eligibility Team to determine that a child is eligible for special education, specific information must be obtained, by category. The information that follows describes which question must be answered for each category of disability.

- **Visual Impairment:** Question #1
- **Hearing Impairment:** Question #2
- **Communication Disorder - Voice Disorder:** Question #3
- **Medically Related Communication Disorder:** Question #4
- **Other Health Impairment, Orthopedic Impairment:** Question #5
- **Traumatic Brain Injury:** Question #6
- **Emotional Disturbance, Mental Retardation, Learning Disability (optional), or Autism Spectrum Disorder:** Question #7

The completed medical or health statement is not a sole determinant for special education eligibility. This information is used by the Eligibility Team in consideration for special education services.