



SACS

SOUTHWEST ALLEN COUNTY SCHOOLS

SECTION 504
PHYSICIAN QUESTIONNAIRE FOR MEDICAL CONCERNS

Student:

Date of Birth:

Address:

Grade:

Parents:

Phone:

1. Detail available medical background, including a written diagnostic statement and copies of any/all reports:

2. In your opinion, how do these difficulties “substantially limit” this student’s ability to receive and benefit from education?

3. Recommendations for consideration at an upcoming conference.

Physician Signature

Date

Please attach any reports pertinent to the medical/educational needs of this child and forward to the address below by . Thank you.

Date

(school name & address):

Preparing today’s learners for tomorrow’s opportunities.