



**STUDENT SUPPORT SERVICES**

*Mission: Mat-Su Borough School District Prepares Students for Success*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Physician:

This student is being evaluated by the Matanuska-Susitna Borough School District to determine eligibility for special education services. Please indicate, using the form below, if this student has a health impairment or orthopedic impairment which the Individualized Education Plan (IEP) Team should consider in it evaluation. We appreciate your help in determining appropriate educational services for this student.



**Statement of specific health impairment or orthopedic impairment:**

**Medical diagnosis, if applicable:**

Are there any specific contraindications to any physical activities at school?  Yes  No

Is this a chronic condition?  Yes  No

Physician's name (please print) \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Please return the form to:  
MSBSD STUDENT SUPPORT SERVICES  
ATTENTION: \_\_\_\_\_