



Shiawassee

Regional Education Service District

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PHYSICAL IMPAIRMENT CERTIFICATION

TO:
FROM:
DATE:

This certification form must be completed in order for a student to receive Special Education Services. Below, find the state guidelines. Please complete the bottom of the form indicating your position.

Thank you for your cooperation.

STATE GUIDELINES: 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

Rule 340.1709 Determination of a student with a physical impairment.

Rule 9 (1) "Physical impairment" means severe orthopedic impairment that adversely affects a student's educational performance.

(2) Determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include assessment data from one of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.

(e) A family physician or any other approved physician as defined in 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

STUDENT: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____

CERTIFICATION

A medical examination has been completed on the above named student on _____. The results indicate a physical impairment which will adversely affect educational performance and which may require physical adaptations within the school environment. It is my opinion that the above named student would be eligible for special education services under R340.1709: 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

_____ I do not support this student's eligibility for special education as a student with a physical impairment.

_____ I do support this student's eligibility for special education as a student with a physical impairment.

Physician's Signature

Date

DIAGNOSIS: _____