**BATH COUNTY SCHOOLS**

**MEDICAL EVALUATION FOR**

**SPECIALLY DESIGNED INSTRUCION**

**ELIGIBILITY DETERMINATION**

**ORTHOPEDIC IMPAIRMENT OR PHYSICAL DISABILITY**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to the Bath County School District Policy and Procedures, the Admissions and Release Committee, (ARC), determines that a child or youth has an Orthopedic Impairment or Physical Disability and is eligible for specially designed instruction and related services if each of the following are met:

A. A current (less than one (1) calendar year old) educationally relevant medical evaluation completed

 by a licensed physician verifies:

1. The existence of a severe orthopedic or physical impairment caused by congenital anolmaly, disease, injury or accident:

***RESPONSE:***

2. The diagnosis and nature of the of the impairment (specifiy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;and

***DIAGNOSIS:***

3. Limitations resulting from the impairment:

***LIMITATIONS:***

Physician’s Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Evaluation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_