**BATH COUNTY SCHOOLS**

**MEDICAL STATEMENT FOR**

**SPECIALLY DESIGNED INSTRUCION**

**ELIGIBILITY DETERMINATION**

**TRAUMATIC BRAIN INJURY**

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 a Traumatic Brian Injury 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 Traumatic Brain Injury:

***RESPONSE:***

2. The diagnosis of the injury:

***DIAGNOSIS:***

3. The extent of the injury:

***EXTENT:***

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

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

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