



Students with Physical Impairments: For Students with Existing IEPs Following Medical Procedure/Hospitalization

(To be completed by medical staff. Send one copy home with family at discharge and provide copy to child's school prior to discharge, assuming a release of information has been signed.)

Child's Name: _____ Date: _____

Medical Record Number: _____ Date of Birth: _____

This child has been hospitalized from _____ to _____ due to medical procedures related to his/her medical diagnosis. Specific information and recommendations regarding a return to school or a childcare program are documented below.

Follow-up visit or procedure will occur on:

Resume school/childcare program (Check one): homebound half day full day

Duration (Give dates):

Changes in medication and possible side-effects to monitor:

Transportation (Check one):

 regular lift bus bus seat belt direct adult supervision

Please specify duration of bus ride permitted and date for possible review:

Physical Education Class (Check one): resume regular class modify

If modified, please list restrictions

Contact sports (Check one): resume modify

If modified, please list restrictions

Presenting educational problems resulting from medical procedure:

Please identify restrictions related to weight-bearing and transfers:



Specific recommendations related to ROM and other stretching activities:

Specific recommendations related to time in and out of wheelchair:

If additional information is needed about this child's return to school or childcare, contact:

Name

Phone

Email