South Bend Community School Corporation
Special Education Department
215 S. Martin Luther King Jr. Blvd., South Bend, IN 46601
Ph: 574.393.6119 Fax: 574.283.810

Medical Referral for Students with Orthopedic impairments, Traumatic Brain Injury, or Other Health Impairments

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ DOB: _____ Date: _____

TO THE PHYSICIAN:

The South Bend Community School Corporation provides special education and related services to students who qualify for special education under federal and state law.

A medical referral has been initiated for the above named student. Establishment of eligibility for services under one of these disabilities is made by the case conference committee. The services which are needed are identified in an Individual Education Plan (IEP).

We are required to have the written diagnostic statement on file**. Please complete the information as indicated and return the form to the address above.** If you have any questions, please contact the Special Education Department at 574-393-6119.

It is very important to complete the information below to assist in the educational planning for the above named student.

Medical Diagnosis: _____

Traumatic Brain Injury (Please describe the extent of the injury): _____

_____

Comments/Concerns: _____

_____

Educational Implications: _____

_____

Physician Name: _____
(Please Print) (Signature)

Physician Address: _____

_____

Phone: _____ Date: _____