



Ionia County Intermediate School District

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Robert J. Kjolhede
Superintendent

Michael A. Keast
Deputy Superintendent

W. Scott Hubble
Ass't. Supt/Special Education

Medical Opinion

PHYSICAL IMPAIRMENT

Student: _____ Birthdate: _____

A comprehensive medical evaluation has been completed on this student.

Diagnosis and/or Comments:

In my opinion, this individual **Meets**, **Does not meet the definition of Physical Impairment.**

Rule 340.1709 "Physical Impairment" means severe orthopedic impairment that adversely affects a student's educational performance.

This impairment **is considered** **is not considered** to be a permanent disability that will continue to impact this person's life.

Type(s) of Physical Impairment:

Possible Physical Adaptations Needed:

Any other information on this student which would be helpful (e.g., medications, limitations, etc.):

Signature

Date

Orthopedic Surgeon **Internist** **Neurologist** **Pediatrician** **Family Physician**

MISSION STATEMENT:

Ionia County Intermediate School District will cooperate and provide services and leadership as a partner with its local districts, public and private agencies, other ISD's, the department of Education and higher education, to deliver quality teaching and learning to students and staff.