

Medical Opinion for Severe Multiple Impairment

Student: _____ Birthdate: _____

Please return to:

Person Requesting:	
School:	Phone:
Address:	Fax:

The remainder of this form is to be completed by the physician. All responses are confidential and will be used as part of an evaluation for educational services.

Physician Name:	Practice Name:
Address:	Phone Number:

A comprehensive medical evaluation has been completed on this student and he/she has the following diagnosed impairment (The ideal information to include in this area would be the ICD coding and descriptor):

How does this condition impact development, school behavior, and/or learning:

See below for the definition of Severe Multiple Impairment (SXI) from the Michigan Administrative Rules for Special Education. Rule 340.1714 "Severe multiple impairment"...Development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions **OR** development at a rate of 3 or more standard deviations below the mean or students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the following conditions:

Check all that apply:

- (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
- (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility.
- (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance.
- (iv) A health impairment so severe that the student is medically at risk.

After considering the student's health condition in relationship to the definition of SXI please complete the following statement.

In my opinion, this student:

- meets the definition of Severe Multiple Impairment
- does not meet the definition of Severe Multiple Impairment

After considering the permanency of this student's health condition please check the statement that describes the situation:

- This impairment is considered to be a permanent disability that is unlikely to change significantly over time.
- This impairment is subject to improvement over time (**not** considered to be a permanent disability at this time).
- This impairment is subject to deterioration over time.
- The long term prognosis of this impairment is unknown at this time.

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

<p style="text-align: center;">Physician Signature</p>	<p style="text-align: center;">Date</p>
<p>Position: <input type="checkbox"/>Otolologist <input type="checkbox"/>Otolaryngologist <input type="checkbox"/>Audiologist <input type="checkbox"/>Optometrist <input type="checkbox"/>Ophthalmologist</p> <p><input type="checkbox"/>Orthopedic Surgeon <input type="checkbox"/>Internist <input type="checkbox"/>Neurologist <input type="checkbox"/>Pediatrician</p> <p><input type="checkbox"/>Family Physician <input type="checkbox"/>Other Approved Physician as defined in 1978 PA 368, MCL 333.1101 et seq.</p>	