



Medical Verification of Physical Impairment (PI)

Alpena-Montmorency-Alcona Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

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

Date Requested: _____

Student: _____ Date of Birth: _____

District/School _____ Home Address: _____

Parents: _____

Please return to: Name & School _____

School 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: _____

Practice Name: _____

Address: _____

Phone: _____

The student's diagnosed **severe orthopedic impairment** is: _____

The prognosis for this student's condition is: improving, stable, deteriorating, life-long condition

Additional physician comments: _____

Physician's Signature _____

Date _____

- Position:
- An orthopedic surgeon.
 - An internist.
 - A neurologist.
 - A pediatrician.
 - A family physician.
 - A psychiatrist.
 - Other: _____

Attach to Met form, with copies distributed to: Parent Special Education File CA-60 Caseload Provider