**School District Of Newberry County**

**P.O. Box 718**

**Newberry, SC 29108**

Date: Click here to enter text.

Re: Click here to enter text.

Dear Dr.Click here to enter text.:

We need your help in gathering information necessary to determine if our student, Click here to enter text., is an eligible student protected under Section 504. Section 504 defines an eligible individual as someone who has *a mental or physical impairment which substantially limits one or more major life activities*

Click here to enter text.’s parents have indicated that you have information to document a mental, emotional, or physical impairment. Please provide written documentation of the diagnosis or diagnoses. A form is enclosed for your convenience, however, other written documentation of the impairment will be accepted. Also, we ask that you offer written explanation of how the impairment(s) may affect one or more major life activity.

Enclosed, you will find a *Release of Confidential Information* form signed by the parent along with a documentation form requesting the medical information we need to assist in making this determination.

We appreciate your assistance in this matter. If you have any questions, please feel free to call Click here to enter text.at Click here to enter text..

 *(504 Chair or Nurse)*

Sincerely,

Enclosures: Release of Confidential Information form

 Medical Documentation form

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# DOCUMENTATION OF MENTAL OR PHYSICAL IMPAIRMENT

Name of Student:Click here to enter text. School: Click here to enter text.

DOB:Click here to enter text. Sex: [ ] Male [ ]  Female

To be completed by school personnel:

Statement of educational concerns:Click here to enter text.

To be completed by licensed physician:

1. Following a medical examination, I have found the condition described below obtained in the case of the above named child:
2. Is medical care or treatment needed on a continuing basis? Yes No

3) A. Date of suspected onset of condition:

 B. Is condition reversible irreversible

 C. What is the anticipated duration of the condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Does condition cause limited strength, vitality or alertness that could substantially limit one or more major life functions? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature: