

**VERIFICATION OF PHYSICAL/HEALTH IMPAIRMENT
for eligibility for a Section 504 Accommodation Education Plan**

**HEALTH CARE PROVIDER STATEMENT
Swain County School System**

The student named below is requesting academic accommodation due to a physical or mental impairment. For this request to be considered, current medical verification of the physical impairment must be provided by the student's attending licensed health care provider. In order to be considered current, the Health Care Provider Statement must be **within the last 12 months** prior to the date of the accommodation request. *To qualify for accommodations under federal law, an individual with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities.* Please use the following list of major life activities when completing this form, such as: **caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.**

Student Name: _____

Home Address: _____

The following information is critical for determining the student's eligibility for accommodations under federal law:

1. Specific Diagnosis: _____

2. Is this condition chronic? YES NO
If not, date of expected improvement: _____

3. Please describe the methods used to determine clinical evidence of disability, i.e. physical findings, assessments, x-rays, lab tests, audiological reports: _____

4. What specific functional limitations, including medication side-effects, does this student have that would require accommodation in a demanding **educational setting**; please include a description of independent social functioning, when applicable as well as the impact for extracurricular activities: _____

Major Life Activity Substantially* Limited By This Handicap, Such As:

(please check all that apply)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Caring for Oneself | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Working |
| <input type="checkbox"/> Hearing | |

***The term "substantially limits" means that the student is:**

- a. unable to perform a major life activity that the average student of approximately the same age can perform

OR

- b. significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the major life activity in the above question is limited. For an "X" at "4" or above, describe/explain information that justifies the rating:

5	-----	Extremely	
4	-----	Substantially	
3	-----	Moderately	
2	-----	Mildly	
1	-----	Negligibly	

7. Any recommendations you offer regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities are very helpful. This includes specific modifications and accommodations in exam administration, classroom activities, course requirements, or any needed assistive technology. However, only accommodations that specifically relate to the student's functional academic limitations can be approved.

Health Care Provider's Signature: _____

Printed Name/Title: _____

Address: _____

Daytime Telephone Number: _____ **Date:** _____

COMPLETE FORMS ARE NEEDED TO DETERMINE ELIGIBILITY FOR ACCOMMODATIONS.

It is the policy of the Swain County Public Schools and Career and Technical Education Programs that all operations will be performed without regard to race, age, religion, color, national origin, gender, marital/pregnant status, or disability.